



Ready Region Southeastern Mixed Delivery Application 2024 - 2025 School Year

Infant, Toddler, Two-year-old, and Preschool

Children ages 0-4 years old in Accomack County, Chesapeake, Franklin, Norfolk, Portsmouth, Suffolk, and Virginia Beach who meet the qualifications for Virginia Preschool (VPI) Initiative and not currently enrolled in VPI or Head Start are eligible to participate in Ready Region Southeastern’s Mixed Delivery Preschool Program. Please complete the following information to see if your child may be eligible to receive free or low-cost at a participating high-quality early childhood care and education program.

Requested Slot Type- based on the child’s age on 9/30/24:

(Proof of birth required: Please show birth certificate or birth letter)

- Infants** (0-15 months)
 Toddlers (16-23 months)
 Two-Year-olds (24-35 months)
 Preschool (36 months to school entry)

If your child qualifies for a Mixed Delivery slot, but the program’s allocated slots have been filled, you will be placed on a wait list and also referred to Head Start, VPI, and other early childhood care and education programs that have been awarded Mixed Delivery slots. Please note: The number of Mixed Delivery slots at each participating center are limited and will be filled with eligible children as availability allows.

Child’s First, Middle and Last Name on Birth Certificate:	Child’s Birthdate:	Mother or Legal Guardian Name:	Father or Legal Guardian Name:
Slot Type:	Child Lives with:	Email Addresses:	Email Addresses:
<input type="checkbox"/> Infants (0-15 months) <input type="checkbox"/> Toddlers (16-23 months) <input type="checkbox"/> Two-Year-olds (24-35 months) <input type="checkbox"/> Preschool (36 months to school entry)			
Parental Status (Legal Custody of Child):	Custody:	Address:	Address:
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Sole <input type="checkbox"/> Physical <input type="checkbox"/> Joint		

Ready Region Southeastern Mixed Delivery Application

Infant, Toddler, Two-year-old, and Preschool

Race: (Check all that apply)	Ethnicity of child	Evening Phone Number(s):	Day Phone Number(s):
<input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Multi-racial	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Other		
	# Of Adults in household	# Of Children in family:	# Of members in household:
Child's Gender			
<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other			

Is your family currently receiving any of the following forms of income and/or assistance? (Check all that apply).

<input type="checkbox"/> TANF (Temporary Assistance for Needy Families)	<input type="checkbox"/> SSI (Supplemental Security Income)	<input type="checkbox"/> Unemployment Benefits
<input type="checkbox"/> Child Support	<input type="checkbox"/> Daycare Assistance	<input type="checkbox"/> Food Stamps (SNAP)
<input type="checkbox"/> WIC (Women, Infants, & Children)	<input type="checkbox"/> Alimony/Spousal Support	<input type="checkbox"/> Disability
<input type="checkbox"/> Social Security	<input type="checkbox"/> Scholarships/Grants	<input type="checkbox"/> Section 8/Subsidized Housing
<input type="checkbox"/> Utility Assistance	<input type="checkbox"/> VA Benefits	<input type="checkbox"/> Rental Income

Do any of the following situations apply to your family? (Check all that apply).

<input type="checkbox"/> Homeless or living in shelter	<input type="checkbox"/> Living with relatives or others due to loss of housing or economic hardship	<input type="checkbox"/> Living with relatives or others by choice
<input type="checkbox"/> Unsafe or unhealthy environment	<input type="checkbox"/> Abusive home	<input type="checkbox"/> Child's mother does not have high school diploma or GED
<input type="checkbox"/> Child's father does not have a high school diploma or GED	<input type="checkbox"/> Child's mother is currently incarcerated	<input type="checkbox"/> Child's father is currently incarcerated
<input type="checkbox"/> Active-duty military	<input type="checkbox"/> In need of emergency food/shelter	<input type="checkbox"/> Disabled parent/legal guardian

Child History and Specific Information. (Check all that apply).

<input type="checkbox"/> Current IEP	<input type="checkbox"/> Referral by Pediatrician for Speech or Developmental Delay
<input type="checkbox"/> Evaluated or Child Find/Early Intervention or other agency <input type="checkbox"/> Other Agency Name _____	

Parent/Guardian Signature

Date

Ready Region Southeastern Mixed Delivery Application

Infant, Toddler, Two-year-old, and Preschool

Income Verification

(Virginia Preschool Initiative Income Guidelines Apply)

CONFIDENTIAL INFORMATION (Only if submitted)

Include total gross annual income (before taxes) of the child’s parent or parents (defined as parent, guardian, legal custodian, or other person having control or charge of the child – see VPI Income Criteria Guidelines)

****All parents in the family must be engaging in one of the following activities:**

- **Employment**, including self-employment and remote work (Pay stubs, Work schedule, Letter from employer, Self-certification)
- **Education or training program**: Letter from educational institution, Transcript showing active enrollment in courses, Class schedule, Self-certification
- **Job search**: Self-certification

****In lieu of providing documentation, families may provide a signed statement that they are engaging in one of the previous activities.**

Parent/Guardian (P/G) #1:

Weekly	X 52	= Annual Income
Every 2 weeks	X 26	=
Twice a month	X 24	=
Monthly	X 12	=
Other Income		=

Parent/Guardian (P/G) #2:

Weekly	X 52	= Annual Income
Every 2 weeks	X 26	=
Twice a month	X 24	=
Monthly	X 12	=
Other Income		=

Total Household Income

#1 P/G Income:	#2 P/G Income:	Other Income:	Total:
(+)	(+)	(=)	

VERIFICATION OF INCOME

Internal Use Only

Staff Member Income Verified by: _____

(Please print)

How Verified:

- W-2 Form Verification
 Tax Forms Verification
 Pay Stubs (Salary)
 SSI Verification
 SNAP Verification
 TANF

Ready Region Southeastern Mixed Delivery Application

Infant, Toddler, Two-year-old, and Preschool

Written statement from employer Child Support Social Security Benefits/Unemployment/Other

Family Income:

0-100% 101-200% 201-300% 301% and above locally determined at risk criteria (**written authorization from Ready Region Southeastern required**)

Per-Child Copayment Rates

Income Range (% Federal Poverty Level)	Per-child Monthly Family Copayment
0% - 100%	\$0
101% - 200%	\$55
201% - 300%	\$100
301% and above	\$150

Foster Care: Yes No

Homelessness: Yes No

Income Verification

(Virginia Preschool Initiative Income Guidelines Apply)

Number of people in household:

Children	Adults	Total

Are you currently working for the same employer as documented on the W-2/tax form?

- P/G #1: Yes No
- P/G #2: Yes No

(If either P/G answered "No" above, current income information is needed to determine income eligibility.)

Do you have any other forms of income not reported on this document, such as rental income, trust fund, etc.?

- P/G #1: Yes No
- P/G #2: Yes No

CERTIFICATION

I certify that all of the above information is true and correct and that all income is reported (if submitted). I understand that if any of this information changes, I am obligated to notify the program immediately. I understand that the school/program will receive state and federal funds based on the information I give. I understand that deliberate misrepresentation of any of this information may disqualify my child from being considered for mixed delivery.

Signature of Parent/Guardian (Required for Consideration)

Date

I verify that I have examined and verified all
information/documentation

(Staff Signature)

Date

CHILD'S LEGAL NAME

Ready Region Southeastern Mixed Delivery Application

Infant, Toddler, Two-year-old, and Preschool

Declaration of No Income or No Documentation of Income Form

Parent(s)/Guardian(s) Name(s)	
Child's Name:	
Address:	

Check which of the below applies to your current situation:

- I certify that I had no income of my own in the last 12 months.
- I certify that at this time I cannot produce evidence of my income.

Indicate how you provide for the following (savings, assistance form family, cash earned):

Housing:	
Food:	
Transportation:	

If you indicate that you have income but cannot verify the income with documentation, indicate the income source and the amount below:

Source of Income	\$ Amount
Social Security	\$
SSI	\$
TCA	\$
Child Support	\$
Other (cash earned, etc.)	\$
Total	\$

All sections must be complete to determine your child's eligibility. All information will be kept confidential.

I certify that the information provided to support this information is accurate and truthful to the best of my knowledge. I understand that program staff will verify this information and that deliberate misrepresentation may result in withdrawal from this program.

Parent/Guardian Signature:		Date:	
Staff Signature/Title:		Date:	