

COPA Application for Parma Preschool

School Year: _____

Primary Caregiver Information

First Name: _____ Middle Initial: _____

Last Name: _____

Gender: M F

Birth Date: _____ - _____ - _____ SS#: _____ - _____ - _____

TANF #: _____ Do you receive WIC? yes no

Primary Language: _____ Other Languages: _____

Ethnicity: Hispanic Latino (circle if applicable)

Race (circle): African American Asian Caucasian
 Native American Bi-Racial/ Multi Pacific Islander
 Other: _____

Please circle highest level of Education:

Bachelor or Advanced Degree	Grade 12
College degree or training school certificate	Grade 9 or less
ESL	High School Graduate
GED	No High School
Grade 10	Some College/ Vocational/ Associates Degree
Grade 11	Some High School

Please Circle Your Employment Status:

Farmer	Retired or disabled
Full-time & training	Job training or in school
Employed full-time	Employed seasonal
Job training/ school (part-time)	Seasonal Farm worker
Migrant Farm worker	Self Employed
Part-time & training	Unemployed
Employed part-time	

Employer/ School Name: _____

Home Phone: _____

Mobile Phone: _____

Work Phone: _____

Home Address

House Number _____

Street _____

City _____

State _____

Zip Code _____

Township _____

County _____

in Family _____

in Household _____

Are you disabled? Yes No

Do you have medical insurance? Yes No

Circle Type of Medical Insurance:

Aetna	Kaiser Permanente	Other Type of
Anthem	Medicaid	Coverage
Care Source	Medical Mutual of Ohio	SuperMed HMO
Cigna Healthcare	Medicare	United Health Care
Employer-Based Plan	Military	Well Care
First Health Network	No Coverage	
Healthy Start	Other Private Plan	

Current Housing (circle one): homeless own rent other

When did you move in to your current home? Date: _____

Previous Housing (circle one): homeless own rent other

Have you moved in the last 24 months? Yes No

Family Type & Housing Information

Circle Your Current Housing Type:

apartment house duplex mobile home other

Current Housing Cost: _____

Circle Your Family Type:

single parent female single parent male two-parent

Single person Other: _____

Do you qualify for...

HEAP? Yes No

Food Stamp? Yes _____ No

Secondary Caregiver Information

First Name: _____ Middle Initial: _____

Last Name: _____

Gender: M F

Birth Date: _____ - _____ - _____ SS#: _____ - _____ - _____

TANF #: _____ Do you receive WIC? yes no

Primary Language: _____ Other Languages: _____

Ethnicity: Hispanic Latino (circle if applicable)

Race (circle): African American Asian Caucasian
Native American Bi-Racial/ Multi Pacific Islander
Other: _____

Please circle highest level of Education:

Bachelor or Advanced Degree ESL
College degree or training school GED
Certificate Grade 10

Grade 11	No High School
Grade 12	Some College/ Vocational/ Associates
Grade 9 or less	Degree
High School Graduate	Some High School

Please Circle Your Employment Status:

Farmer	Retired or disabled
Full-time & training	Job training or in school
Employed full-time	Employed seasonal
Job training/ school (part-time)	Seasonal Farm worker
Migrant Farm worker	Self Employed
Part-time & training	Unemployed
Employed part-time	

Employer/ School Name: _____

Home Phone: _____

Mobile Phone: _____

Work Phone: _____

Home Address: _____ *Check here if same as primary caregiver*

House Number _____

Street _____

City _____

State _____

Zip Code _____

Township _____

County _____

Child Information

First Name: _____ Middle Initial: _____

Last Name: _____

Gender: M F

Birth Date: ____ - ____ - ____ SS#: ____ - ____ - ____

Primary Language: _____ Other Languages: _____

Ethnicity: Hispanic Latino (circle if applicable)

Race (circle): African American Asian Caucasian
 Native American Bi-Racial/ Multi Pacific Islander
 Other: _____

Do you speak English at home? Yes No

Child's English Skills: (check one)

 Very well Well Not well Not at all

Is the child a US Citizen? Yes No

Eligibility Information

Parental Status (circle one):

 Two Parent Single Parent Teen Parent

 Homeless Student Parent

 Disabled Parent Guardian Foster Parent Active Male

 Migrant Parent (Relation to Primary Caregiver: _____)

 Group Home Dual Custody

Please check any additional information that applies to the child's eligibility:

___ Special Need ___ Disability ___ Suspected Disability
___ Certified IEP ___ Child Protective Services
___ Non-English Speaking/ LEP
___ Local Resident(s) (U.S. Citizens or Non-U.S. Citizens)
___ Local Resident(s)-SIUC Student ___ Non U.S. Citizen-SIUC Student
___ Parent in Prison

___ Referral (Early Intervention Program)
 ___ Referral (Early Intervention Program)

***Secondary Source of Child Care (Circle if any apply)**

- None
- Family Child Care Home
- Child Care Center or Classroom
- Home or Another Home with a Relative or Unrelated Adult
- Public School pre-Kindergarten Program
- Other _____

***Did child receive UPK services in this past School Year?**

YES NO

Family Income Information

Income	Primary Caregiver		Secondary Caregiver	
	Amount	Monthly or Yearly?	Amount	Monthly or Yearly?
Employment				
Child Support				
SSI				
TANF				
Unemployment				
College Grants & Scholarships				
Social Security				
Alimony				
Other:				

This form is not complete without a copy of the primary caregiver's tax return (first page only) or copy of the last 2 paystubs.

Person Completing Form: _____

Signature: _____

Date of Application: _____

Office Use Only:

Reviewed by: _____ Date: _____

Entered into COPA by _____ Date: _____