A SPIRE Avenues reproductive prov

ASPIRE PreK Qualification Application Please complete this application completely,

indicating with an "X" when marking a choice

-	-								
Child's Full Legal	l Last Name:		_Child's Full Legal First Name: Child's Generational Indicator (Jr., II, III, IV, etc.):						
Child's Full Legal	l Middle Name (If any): _								
Child's Date of Birth: (Plea			(Please provide a scanned copy of birth cert., passport, or hospital cert. of live birth)						
Family Home Ad	ddress: Street Address				City		Zip		
Child's Age (3, 4,	, or 5):	Child's Gender:	Male:	Female	::	X - binary:			
Child's Race:	Hispanic/Latino:	American Ind	ian/Alaska Native: _		Asian: _	White:			
	Black/African Ameri	can: Nativ	ve Hawaiian/Pacific I	slander:		Two or more races:			
1. Is a language other than English spoken at home?				Y	N				
2. Is the child red	ceiving:					—			
Individualized Education Plan (IEP) services?				Y	N				
Individualized Fa	Individualized Family Service Plan (IFSP) services?			Y	N				
3. Is the child fro	om a Migrant Family?			Y	Ν				
4. Is the child Ho	omeless?			Y	N				
5. Is the child served in the Child Welfare System?				Y	N				
6. Is the child from a Military Family?				Y	N	_			
Total Number of	f Children and Adults in th	e Household:							
Annual Household Income: At or Below 185% of Federal			185% of Federal Pov	verty Leve	el:				
(Use the chart be	elow)	Between 18	Between 186% - 300% of Federal Poverty Level:						
Above 300% of Federal Poverty Level:									
Total number of	f children and adults in th	ie household 🗲 Yea	arly income						

Household Size	185%	200%	250%	300%
1	\$27,861	\$30,120	\$37,650	\$45,180
2	\$37,814	\$40,880	\$51,100	\$61,320
3	\$47,767	\$51,640	\$64,550	\$77,460
4	\$57,720	\$62,400	\$78,000	\$93,600
5	\$67,673	\$73,160	\$91,450	\$109,740
6	\$77,626	\$83,920	\$104,900	\$125,880

DOCUMENTATION NEEDED:

If YES to #1: English Language Learner:

Signed Home Language Survey

If YES to #2: IEP/IFSP:

Copy of official IEP/IFSP

ALL APPLICANTS:

1. Copy of previous year tax return <u>OR</u> scan of SNAP benefit letter/card <u>OR</u> Copy of MSDE scholarship paperwork <u>OR</u> one month of consecutive pay stubs 2. COPY OF BIRTH CERTIFICATE, PASSPORT, OR CERT. OF LIVE BIRTH

I hereby affirm that, to the best of my knowledge, all the documents provided are true and accurate. I have provided them honestly and in good faith. I take responsibility for their truthfulness and authenticity.

Signature of Legal Parent/Guardian: