



Northwest Local School District Preschool Program

**Houston Early Learning Center
Peer Model Registration Packet
2024-2025**





Northwest Local School District Preschool Program

About Houston Early Learning Center

The Northwest Local School District Preschool Program is licensed by the Ohio Department of Education and Workforce and has received a 5-Star rating from Step Up to Quality. We offer preschool to students ages three and four years old at Houston Early Learning Center. At our preschool, we offer a variety of classroom settings designed to accommodate the diverse needs of our students. This includes specialized classrooms for students with disabilities as well as integrated classrooms where students of all abilities learn together. While we prioritize meeting the unique needs of our special education students, we are dedicated to fostering an inclusive environment where every student feels valued and supported.

The staff of the Northwest Local School District Preschool Program is certified and participates in continuous Ohio Approved Professional Development each year. Their professionalism, creativity, and experience combine to make this program a success. Speech and Language Pathologists, Occupational Therapists, and Physical Therapists are also members of the preschool team.

Preschool Location and General Information

Houston Early Learning Center is located at 3308 Compton Road (45251) and our phone number is 513-385-8000.

- **Schedule:** Five-day program (Monday through Friday). No full-day sessions are available.
 - AM session: 7:55-10:45
 - PM session: 12:10-3:00
- **Tuition:** \$200 per month. Reduced tuition rates are available for those who qualify.
- **Transportation:** Only provided for qualifying special education students.
- **Residency:** Children must reside within the Northwest Local School District as we do not accept open enrollment.

Special Education Student Admissions

If you have concerns about your child's development OR a teacher, therapist, or doctor has expressed concerns about your child, please **DO NOT** complete this Peer Model Registration Packet.

The following application process is designed for students with typical development who will serve as Peer Models. Parents and guardians of students with identified special needs documented in an Individualized Education Program (IEP) or of students for whom a disability is suspected should contact the Northwest Special Education Department at (513) 923-1000 ext. 4917 for additional enrollment information.

Peer Model Student Admissions

In order to apply for a Peer Model student admission, your child should meet the following criteria:

- The child will be at least 3 years old by September 30th of the enrolling year.
- The child is completely potty trained, meaning he/she wears underwear and does not have daytime accidents.
- The child is able to follow rules, and routines and can attend to activities for approximately 5 minutes.
- The child's speech is clear and understandable by unfamiliar adults.
- The child is able to play with a variety of toys appropriately.
- The child can play beside and/or with other children while sharing the same bin of toys.
- The family does not have any concerns with the child's speech/language, social-emotional development, motor development, cognitive or adaptive behavior.

If your child meets the criteria above, complete this Peer Model Registration Packet.

Students who are Peer Models have the opportunity to interact with children with a variety of needs. Our experiences indicate that the children learn compassion, empathy, and the ability to accept/celebrate differences and similarities among all their peers in the classroom.

Children with special needs learn through observation, practice and modeling the behavior of their peers. Peer Models provide an example of age-appropriate skills in social, behavior, play, speech, language, and motor skills.

Peer Model Student Registration

Completed registration packets must be submitted to the Houston Early Learning Center at 3308 Compton Rd. Cincinnati, OH 45251. Packets will be accepted by appointment only until class capacity is met. Contact the preschool office to schedule an appointment at 513-385-8000 or email preschool@nwlsd.org. A waiting list is established on a first-come, first-served basis once capacity is met.

Acceptance into the program and summer screening information will be communicated by email no later than Friday, May 31, 2024. Mandatory student screenings will take place in July. Teacher assignment and parent-teacher-child conference times and dates will be mailed in early August.





NORTHWEST LOCAL SCHOOL DISTRICT EARLY CHILDHOOD PRESCHOOL PROGRAM

Document Verification List

Houston Early Learning Center
3308 Compton Rd, Cinti OH 45251
Phone (513) 385-8000 ext:4901
preschool@nwlsd.org
Fax: (513) 385-8090

Student Name _____ Date of Birth _____
(As it appears on Birth Certificate)

Documents & Forms Required for **PRESCHOOL** Enrollment

Please Complete and Sign the Following FORMS:

- _____ Student Enrollment Forms **Due at Registration**
- _____ Student Information Release Form **Due at Registration**
- _____ Child Medical Statement (completed and signed by physician) **Due By 8/2/24**
- _____ Immunization Record (completed and signed by physician) **Due By 8/2/24**
- _____ Student Health Form **Due at Registration**
- _____ Emergency Medical Authorization Form **Due at Registration**
- _____ Student Dismissal Information **Due at Registration**
- _____ Early Childhood Education Eligibility Screen Tool **Due at Registration**
- _____ Parent Financial Agreement **Due at Registration**

The following documents **MUST** be provided at the time of registration:

- _____ Child's Birth Certificate or Passport **Due at Registration**
- _____ Court-Stamped Custody Papers (if applicable) **Due at Registration**
- _____ Parent/Guardian's Driver's License or State ID **Due at Registration**
- _____ Proof of Residency (2 required) **Due at Registration**
Current Mortgage, Tax Bill, Commercial Lease OR Residency Affidavit
with Owner's Proof and Business Mail addressed to the Name of the Parent/Guardian
- _____ 2 current pay stubs or Employer Letter for Wage Verification **Due at Registration**
- _____ 2023 1040 or 1040 EZ tax form for Dependent Verification*
Due No Later Than 4/19/24

Registration forms must be completed and documents must be provided at the time of registration.*

***2023 Tax forms are due no later than April 19, 2024**

***Physical forms are due no later than August 2, 2024**

Failure to turn in the required paperwork will result in removal from the preschool class list.



2024-2025 Early Childhood Student Enrollment Form (due at registration)

Student Name _____

First

Middle

Last

Date of Birth: _____ Place of Birth: _____

Home Address _____ Zip: _____ Cell Phone: _____

Circle One: White Black Hispanic** Asian Multiracial* American Indian/Alaskan Native Native Hawaiian/Other Pacific Islander

**If Hispanic, Select Racial Group: Cuban Mexican Puerto Rican South or Central American Other Spanish Culture

*If Multi-Racial, Select Racial Groups: White Black/African American Asian American Indian/Alaskan Native Native Hawaiian/Other Pacific Islander

Circle One: Male Female Last School Attended _____ Age _____

Last District Attended _____

If born outside of US, give date of entry _____

Parent Information: Status of Parents (circle one): Married Divorced Widowed Separated Single/Never Married

Are you the natural/adoptive parent(s) of the child (circle one): Yes No If no, your relationship: _____

Father/Guardian Name: _____

Address: _____

Cell #: _____ Email: _____

Place of Employment: _____ Work #: _____

Step Mother Name (If applicable) _____ Cell #: _____

Mother/Guardian Name: _____

Address: _____

Cell #: _____ Email: _____

Place of Employment: _____ Work #: _____

Step Father Name (If applicable) _____ Cell #: _____

Home Language Survey:

- 1. What language did your son/daughter speak when he/she first learned to talk? (Native Language) _____
2. What language does your son/daughter use most frequently at home? (Home Language) _____
3. What language do you use most frequently with your son/daughter? _____
4. What language do the adults at home most often speak? _____
5. How long has your son/daughter attended school in the United States? _____

Annual Class Roster: Each year we prepare a roster for each classroom in our program. This roster will not be furnished to any person (s) other than parents of children enrolled in our program.

I authorize the following information to be listed on the parent roster: Child's Name, Parent/Guardian name, Address and Phone #:

Yes No Signature of Parent/Guardian X _____ Date: _____

Other Siblings In The District:

Name: _____ Grade: _____ Name: _____ Grade: _____

I, the undersigned, do hereby state and declare under penalty of falsification (*), that I am the parent or legal guardian of the above named student and that this registration information is true and correct. Consent is hereby granted to Law Enforcement Officers to look at my child's records and make copies, thereof, if the matter of a missing child develops.

X _____

Parent/Guardian Signature

Date

(*) Falsification under Ohio Revised Code Section 2921.13 is a misdemeanor of the first degree punishable by a maximum of six (6) months imprisonment or a fine of \$1,000 or both.



2024-2025
STUDENT INFORMATION RELEASE

At Houston Early Learning Center and Northwest Local School District, we enjoy sharing recognition shout-outs and photographs of our students engaged in their learning with our families and community via email, social media, and other platforms. This student information release form is to grant or deny permission to publish and/or distribute images of your child.

Student Name: _____

By checking the YES box you grant permission to Houston Preschool and Northwest Local School District (NWLSD) , its employees, volunteers, and agents, to take and use visual/audio images of your child. This includes any firm authorized to publish and/or distribute a finished product containing the images, from any claims, damages, or liability that I may ever have in connection with the taking or use of the images or printed material used with the images.

[] YES

By checking the NO box you indicate that you do not grant permission to Houston Preschool and Northwest Local School District (NWLSD), its employees, volunteers, and agents, to take and use visual/audio images of your child. If you checked this box a copy of this release form will be forwarded to NWLSD Central Office to remain on file for the entire school year in which it was signed.

[] NO

I am at least 18 years of age and competent to sign this release. I have read this release before signing, I understand its contents, meaning, and impact and I freely accept the terms.

Parent Signature: _____ Date: _____

Visual/audio images are any type of recording, including but not limited to photographs, digital images, drawings, renderings, voices, sounds, video recordings, audio clips, or accompanying written descriptions. NWLSD will not materially alter the original images. I agree that NWLSD owns the images and all rights related to them. The images may be used in any manner or media without notifying me, such as NWLSD websites, publications, promotions, social media posts, broadcasts, advertisements, posters, and other promotional uses. I waive any right to inspect or approve the finished images or any printed or electronic matter that may be used to be compensated for them.

FERPA (Federal Educational Rights and Privacy Act) and Ohio law prohibit the release of student records without the written consent of the parent, or student who is 18 years of age or older. An exception is made in the case of "directory information." The directory information is defined to include the student's name, address, telephone listing, date and place of birth, major field of study, participation in officially recognized activities and sports, weight and height of members of athletic teams, dates of attendance, date of graduation, and awards. Directory information is considered public information and may be released without parental consent in some cases. Directory information may not be released to an individual or group representing businesses or other profit-making agencies except for private entities contracted by the Northwest Board of Education. If a parent does not want any or all directory information disclosed about his/her child, this objection must be put in writing and sent to Northwest Local School District, to the attention of the Public Relations Office.



Student Health History
2024-2025

(To be completed by parent/guardian)

STUDENT'S LAST NAME FIRST MIDDLE DATE OF BIRTH

FAMILY HEALTH HISTORY - Please list allergies, heart problems, diabetes, cancer or other serious health conditions.

Father:
Mother:
Brothers and Sisters:

I. HEALTH CONDITIONS - please check any that apply to your child

- Abdominal Spinal Curvature (scoliosis etc.)
ADHD/ADD
Allergies - Food***
Allergies - Medication
Allergies - Other
Anemia
Asthma
Behavior Problems
Birth or Congenital Malformation
Bone/Muscle/Joint Problems
Bowel/Bladder Problems
Cancer - Type
Chicken Pox
Diabetes
Diarrhea/Constipation (chronic)
Eating Problems
Ear Problems/Hearing Difficulty
Eczema
Emotional Problems
Hearing Aids
Headaches (frequent)
Hearing Aids
Heart Problems
Hemophilia
Juvenile Arthritis
Lead Poisoning
Meningitis or Encephalitis
Neuromuscular Disorder
Seizures/Epilepsy
Sickle Cell Anemia
Skin Rashes (frequent)
Stool Soiling
Speech Problems
Throat Infection (frequent)
Tics/Nervous Twitches
Traumatic Brain Injury
Vision Problems
Urinary Tract Infections
Wetting (day/night)

II. VISION AND HEARING

Frequent ear infections? Left Right Both How Often?
Hearing problems? When? Ear Tubes?
Wear glasses? Reason Date of Last Eye Exam

III. INJURIES AND ILLNESS - Please list any severe injuries or illnesses:

Table with 3 columns: Injuries/Illness, Child's Age, Hospitalization

Comments:

What medications are given daily or frequently?

This child is usually: Very Active Normally Active Inactive

Do you have any concern about how your child gets along with others?

Do you have other comments/concerns about this child's health, development, behavior, family or home life that you would like to share with the school? Please explain/comments

V. PAST OR PRESENT SERVICES RECEIVED

- Previous Psychological Evaluation Year Counseling or Mental Health Services Year
Special Education Support Year Speech Therapy Year

DATE OF LAST PHYSICAL EXAM: DATE OF LAST DENTAL EXAM:

FORM COMPLETE BY: RELATIONSHIP TO CHILD:

I hereby authorize the school nurse and/or school health service specialist to share necessary health information about my child with the appropriate school staff.

This information will be shared in a confidential manner. This authorization is valid for the current calendar school year only. I understand that I may revoke this authorization at any time by submitting written notice of the withdrawal of my consent. I recognize that health records, once received by the school district, may not be protected by the HIPAA Privacy Rule, but will become education records protected by the Family Educational Rights and Privacy Act (FERPA).

Parent/Guardian Signature X Date

I do not give permission to share information

Parent/Guardian Signature X Date



EARLY CHILDHOOD PRESCHOOL Child Medical Statement

***Due by 8/2/24**
Form & Copy of Immunizations

SECTION I - Child Medical Information

Child's Name _____ Gender _____

Date of Birth _____ Age _____ Height _____ Weight _____

| | |
|---|---|
| Immunizations: <i>Please attach a copy of Immunizations</i> | Exempt from Immunizations: |
| Complete for Age <input type="checkbox"/> YES <input type="checkbox"/> NO | Religious Conviction <input type="checkbox"/> YES <input type="checkbox"/> NO |
| In Process <input type="checkbox"/> YES <input type="checkbox"/> NO | Health <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Lead Results: | Other _____ |
| Hct/Hgb Results: | |

| |
|--|
| Vision Screening Results: RIGHT 20/_____ LEFT 20/_____ |
| Hearing Screening Results PASS / FAIL |

Limitations or health conditions, including allergies, medications, and dietary restrictions.

SECTION II - Child Medical Statement Verification

Physician/Clinic/Hospital Name _____ Provider Phone Number _____

Provider Address _____ City _____ State _____ Zip _____

Check box of examining medical professional:

- Physician
- Physician Assistant
- Advanced Practice Registered Nurse

This child has been examined and is in suitable condition to participate in group care.

Signature of Medical Professional **X** _____ Date of Exam: _____



EARLY CHILDHOOD

Emergency Medical Authorization and Authorization to Pick Up From School
2024-2025

Student's Name _____ Date of Birth _____

Address _____ Cell Phone _____

Street

Zip Code

Purpose - To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under

school authority and/or are permitted to pick the child up if he/she becomes ill or injured, when parents or guardians cannot be reached.

Part I OR Part II MUST Be Completed

Part I - To Grant Consent:

Parent/Guardian (Custodial Guardian)

Mother's Name _____ Cell Phone # _____

Mother's Email _____

Father's Name _____ Cell Phone # _____

Father's Email _____

Do mother & father live in the same house? Yes No
If not, who has legal custody? Mother Father Shared

Name of Two Relatives or Friends (18 years of age or older) Required

1. Who may be notified _____ Phone # _____

Address _____ Relationship to Student _____

2. Who may be notified _____ Phone # _____

Address _____ Relationship to Student _____

Doctor to be called _____ Phone # _____

Dentist to be called _____ Phone # _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by the above-named doctor, or in the event the designated preferred practitioner is not available, by another license physician or dentist; and (2) the transfer of the child to any hospital reasonable accessible. Preferred local hospital _____.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity of such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairment to which the practitioner should be alerted:

Date: _____ Signature of parent/guardian _____

Part II - Refusal To Grant Consent: Parent(s) must meet with the school nurse to establish an emergency plan.

Parent/Guardian (Custodial Guardian)

Date: _____ Signature of parent/guardian _____



EARLY CHILDHOOD
Student Dismissal Information
2024-2025

I: Student's Name: Birthdate:
Home Address: Cell Phone #: (Unlisted?)

Do mother and father live in the same house? Yes No

If not, who has legal custody? Mother or Father (Court documentation must be provided)

Shared (If custody is shared, please provide the address of both parents.) Other:

II: Father's Name: Address:

Place of Employment: Work Phone #:

Cell # E-mail address:

Mother's Name: Address:

Place of Employment: Work Phone #:

Cell # E-mail address:

III: Step-Parent's Name: Address:

Cell #/Pager #: e-mail address:

IV: Guardian's Name: Address:

Cell #/Pager #: e-mail address:

V: BabySitter or Daycare Name:

Address:

Cell #/Pager #:

Please list all other children in your household who attend Northwest Local Schools:

MANDATORY EMERGENCY CONTACTS: Please list at least two people who are permitted to pick up your child if he/she were ill and you could not be reached. Please list in the order you prefer called, making sure we have the DAYTIME PHONE NUMBER; we must be able to reach someone during the day!

Name: Relationship: Daytime Phone #:

Name: Relationship: Daytime Phone #:

Name: Relationship: Daytime Phone #:

IS THERE ANYONE WHO IS NOT TO PICK UP YOUR CHILD?

Relationship:

Signature: X Relationship to Student: Date:



**EARLY CHILDHOOD
Parent Financial Agreement**

2024-2025

Please complete this form and submit it at the time of registration. Monthly tuition must be paid using the district's Pay Schools program. Information required for the account setup will be provided to the parents/guardians prior to the student's start date.

*** A COMPLETED TUITION SUBSIDY FORM WILL DETERMINE ELIGIBILITY FOR TUITION ASSISTANCE*
The forms required to be completed along with the supporting documentation must be submitted in order for your students tuition to be determined. Failure to submit documentation will result in your student tuition to be the full amount of monthly tuition that has been predetermined by the school district. The current amount for the 2024-2025 school year is \$200 a month.**

1. I agree to pay the tuition fee in advance with no deduction for absences, holidays, or vacations. The monthly tuition fee is due by the 25th of the prior month for that month of enrollment. For example, the bill for September is due August 25th. I understand that legal action will be taken to collect unpaid obligations.

I agree that if my child is enrolled in preschool and the fee is not paid by the final notice from the treasurer's office, my child will be withdrawn from the Houston Early Learning Center preschool. The Northwest Local School District does not have payment plans available for families who are unable to pay the tuition.

2. I also agree to pay the first month's tuition fee prior to the first day of my child's attendance.

3. I agree to pay a \$30.00 fee for a returned check and will submit a money order for future payments.

4. I agree to submit any program changes for my child in writing. I understand that changes will become effective the first day of the following month.

5. I understand that my child will not be able to enroll in any future tuition programs within the Northwest Local School District if there are past due balances on my account. I understand that unpaid balances will follow my student to their next school in the district.

Child's Name _____ Date of Birth _____

Address: _____

Parent(s) Name _____

Parent's Cell Phone #: _____

Parent Signature x _____

Date x _____

Ohio Department of Job and Family Services
Ohio Department of Education
EARLY CHILDHOOD EDUCATION ELIGIBILITY SCREENING TOOL

| Tell us about you (the applicant) | | | |
|-----------------------------------|--------------------------------|----------------|--------------|
| First Name | MI | Last Name | |
| Address | | | Today's Date |
| City | State | County | Zip Code |
| Phone Number () | Additional Phone Number () | E-mail Address | |

| Tell us about the people in your home | | | | | | | |
|---------------------------------------|---|---|-------------------------------------|-----------------|---------------|-------------------------|-------------------------------|
| Name <i>(First, Middle, Last)</i> | Relationship to You <i>(spouse, son, friend, etc.)</i> | Race | Hispanic or Latino <i>Y or N</i> | Spoken Language | Date of Birth | Gender <i>M or F</i> | U.S. Citizen <i>Y or N</i> |
| | Self | <input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander | | | | | |
| | | <input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander | | | | | |
| | | <input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander | | | | | |
| | | <input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander | | | | | |
| | | <input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander | | | | | |

| | | |
|---|----------------------------------|---|
| Child 1 | Provider Name and Address | What hours/days do you need services? (i.e. child care or preschool) <i>Check all that apply</i> |
| Name | | <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends |
| Child's Mother's Maiden Name | | What is the child's home school district? |
| Child's City of Birth | | |
| Special Needs | | |
| <p>Is your child in need of special needs child care based on this definition? "Special needs child care" means child care provided to a child who is less than eighteen years of age and either has one or more chronic health conditions or does not meet age appropriate expectations in one or more areas of development, including social, emotional, cognitive, communicative, perceptual, motor, physical, and behavioral development and that may include on a regular basis such services, adaptations, modifications, or adjustments needed to assist in the child's function or development.</p> <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Child 2 | Provider Name and Address | What hours/days do you need services? (child care or preschool) <i>Check all that apply</i> |
| Name | | <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends |
| Child's Mother's Maiden Name | | What is the child's home school district? |
| Child's City of Birth | | |
| Special Needs | | |
| <p>Is your child in need of special needs child care based on this definition? "Special needs child care" means child care provided to a child who is less than eighteen years of age and either has one or more chronic health conditions or does not meet age appropriate expectations in one or more areas of development, including social, emotional, cognitive, communicative, perceptual, motor, physical, and behavioral development and that may include on a regular basis such services, adaptations, modifications, or adjustments needed to assist in the child's function or development.</p> <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

| Child 3 | Provider Name and Address | What hours/days do you need services? (child care or preschool) <i>Check all that apply</i> |
|--|---------------------------|---|
| Name | | <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends |
| Child's Mother's Maiden Name | | What is the child's home school district? |
| Child's City of Birth | | |
| <p>Special Needs</p> <p>Is your child in need of special needs child care based on this definition? "Special needs child care" means child care provided to a child who is less than eighteen years of age and either has one or more chronic health conditions or does not meet age appropriate expectations in one or more areas of development, including social, emotional, cognitive, communicative, perceptual, motor, physical, and behavioral development and that may include on a regular basis such services, adaptations, modifications, or adjustments needed to assist in the child's function or development.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> | | |

Tell us about your finances

Will you or the people in your home receive income this month? Yes No

Income refers to all the money that you and the people in your home receive such as earnings from employment, child/spousal/medical support, disability benefits, retirement benefits, Workers' Compensation, Social Security, SSI, Veterans Benefits, etc.

If yes, please complete the table below.

| Name | Type of Income | Amount of Income (before taxes) | How Often Received (weekly, bi-weekly, etc) | Date Last Received | Work or School Schedule (please list times) |
|------|----------------|------------------------------------|--|--------------------|--|
| | | | | | <input type="checkbox"/> Sun _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Sat _____ <input type="checkbox"/> Wed _____ |
| | | | | | <input type="checkbox"/> Sun _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Sat _____ <input type="checkbox"/> Wed _____ |
| | | | | | <input type="checkbox"/> Sun _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Sat _____ <input type="checkbox"/> Wed _____ |
| | | | | | <input type="checkbox"/> Sun _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Sat _____ <input type="checkbox"/> Wed _____ |
| | | | | | <input type="checkbox"/> Sun _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Sat _____ <input type="checkbox"/> Wed _____ |

Do you or anyone in your household pay Child or Spousal Support? Yes No

How Much?

Signature of Applicant

Date