**Quad Counties 4 Kids Early Childhood Area**

**Serving families in Adams, Ringgold, Taylor and Union County**

**2024-2025 - Preschool Partner Pay Application**

Funds will be awarded on a first-come first-served basis

**Applications will be processed after July 1, 2024 pending state funding and local contract award.**

**Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_**

**Physical Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**County:** ☐ Adams ☐ Ringgold ☐ Taylor ☐ Union

**Child’s Gender:** ☐ Male ☐ Female **Class:** ☐ 3 yr. old ☐ 4 yr. old ☐ 5 yr. old

**Child’s Ethnicity:** ☐ Hispanic/Latino ☐ NonHispanic/Latino

**Child’s Race:** (Please check all that apply) ☐ African American ☐ Native American or Alaskan Native

 ☐ Asian ☐ Native Hawaiian/Pacific Islander ☐ Other or Unknown ☐ White

**Has your child attended preschool in the past?** ☐ Yes ☐ No If yes, which Preschool? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Head of Household**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ☐ Parent ☐ Foster Parent ☐ Guardian

**Head of Household Marital Status**

 ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Partnered

**Head of Household Ethnicity:** ☐ Hispanic/Latino ☐ NonHispanic/NonLatino

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**Head of Household Race** (Please check all that apply ☐ African American ☐ Native American or Alaskan Native

 ☐ Asian ☐ Native Hawaiian/Pacific Islander ☐ Other or Unknown ☐ White

**Head of Household Educational Level** (Please check highest level) ☐ Middle school or lower ☐ Some High School ☐ High School Diploma/GED/HiSET ☐ Some college ☐ Trade/Vocational Training ☐ 2-year college degree (Associate) ☐ 4- Year College Degree (Bachelor’s) ☐ Master’s Degree or higher

**Second Parent Educational Level** (Please check highest level) ☐ Middle school or lower ☐ Some High School ☐ High School Diploma/GED/HiSET ☐ Some college ☐ Trade/Vocational Training ☐ 2-year college degree (Associate) ☐ 4- Year College Degree (Bachelor’s) ☐ Master’s Degree or higher

Mailing Address (if different than above) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Method of Communication Email (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Speak English ☐

Are you expecting? ☐ Due Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2023 adjusted gross income (line 11 on 1040) $** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number in household: Adults: \_\_\_\_\_\_\_ Dependent Children: \_\_\_\_\_\_ Ages: \_\_\_\_\_\_\_\_\_ Total living at above address: \_\_\_\_\_\_

**CONSENT TO RELEASE INFORMATION**

**To verify your eligibility for the tuition assistance program we ask that you authorize the preschool tuition scholarship**

 **I, ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, authorize the preschool tuition scholarship committee to contact organizations to verify that we qualified for any assistance programs. There may be an exchange of information between the Quad Counties 4 Kids Early Childhood Board and its funded programs, the applicable preschool, and the referral source to accommodate the processing of this application for your family. This may contain copies of IEP, social and family history; school records and educational assessments.**

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Guidelines:**

**The scholarships are for families living in *Adams, Ringgold, Taylor or Union Counties* for tuition scholarships. Early Childhood Iowa scholarships are not to replace other funding through other programs. Applications will be accepted until budgeted funds are expended.**

* Preschools must meet the guidelines set by the Quad Counties 4 Kids Early Childhood Board in order to receive funds and have a funding agreement with Quad Counties 4 Kids.
* Parents are expected to pay a portion of the child’s tuition based on a ***sliding fee scale*.** Tuition scholarships are confidential between the area director, the family, and the preschool. Parents are responsible for co-payment directly to the program. If the co-payment is not paid, the non-payment preschool policy will be enforced.
* The scholarship application must be received Jenny Robinson, Area Director ***by the 15th of the month*** for tuition to be considered for that month of service.
* The family and the preschool will be notified of the outcome of the application.
* Children in foster care are automatically eligible for tuition assistance at 100%. An application must be submitted; however, no income verification is required.
* Scholarships will be based upon the actual tuition charged for ½ day of preschool not to exceed $160/month, unless funding allows.
* ***Scholarships do not pay for wrap-around childcare, meals or transportation*.**

**Quad Counties will partner to pay 60-90% the Cost of Preschool based on Total Household Adjusted Gross Income based on a sliding fee chart, up to 225%FPL.**

|  |  |
| --- | --- |
| **Family Size** | **Total Earned Household** **Adjusted Gross Income Max to be Eligible\*** |
| **2** | **$45,990** |
| **3** | **$58,095** |
| **4** | **$70,200** |
| **5** | **$82,305** |
| **6** | **$94,410** |
| **7** | **$106,515** |
| **8** | **$118,620** |

**\* Full sliding scale available upon request from ECI Director. Guidelines are based on the 2024 Poverty Guidelines.**

**Adjusted gross income is usually less than your gross income and usually can be found on Line 11 of Form 1040.**

 **Programs in which your family participates (check all that apply):**

 ☐ Housing Assistance ☐ Energy Assistance ☐ WIC

 ☐ FIP ☐ Food Assistance ☐ Disability

 ☐ Child Care Assistance ☐ Maternal Child Health Program ☐ Social Security

 ☐ Unemployment ☐ Parents as Teachers ☐ New Parent Program (LSI)

Other: Please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Which describes your child’s health coverage (check one)?**

☐ Private ☐ Hawk-I ☐ Medicaid Amerigroup ☐ Medicaid Iowa Total Care ☐ No Insurance

**A copy of Page 1 of your 2023 Federal Income Tax form must be provided to verify this income figure.**

**If income is not reflective of your current financial situation, a second priority of income verification can be submitted (examples: copies of prior month’s unemployment benefits, FIP Notice of Decision benefit, and/or most recent month’s paystubs).**

**Additional Considerations:**

**Does your 2023 tax return provide an accurate picture of your current financial situation?**  ☐Yes ☐No

**If no, please explain special circumstances that make it difficult to pay tuition:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This information will be shared with Quad Counties 4 Kids Board who will make the final decision on eligibility.

**Which preschool does your child attend or plan to attend if not currently enrolled?**

Preschool name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Classroom enrolled (circle) 3 year 4 year

**Monthly Tuition:** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Days and hours attending**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have contacted this preschool and they have an opening for my child. ☐ Yes ☐ No

**I understand that any amount of tuition scholarship monies received will go directly to the preschool my child is attending. The director will be responsible to submit a monthly statement and will track my child’s attendance to remain eligible for tuition assistance. It is expected that my child’s preschool attendance will be 90%. If attendance does not meet 90% and absences are unexcused (examples of excused absences: child illness, family crisis), the preschool program director will talk with me. On-going attendance problems may result in the loss of my preschool tuition scholarship. If the co-payment is not paid, the nonpayment preschool policy will be enforced.**

**Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Send completed application and a copy of your 2023 Federal Income Tax Return (page 1 only) to:**

**Jenny Robinson, Director**

**Quad Counties 4 Kids Early Childhood Area**

**PO Box 4, Lenox, IA 50851**

**Cell:** **641-247-1261** **Email:** quad.kfc@gmail.com

