

Preschool



Northwest ECE Preschool Application Information Fall 2023

Preschool Location: Northwest Elementary School

Transportation: Provided from homes to and from the school for resident children on the elementary school buses. Families may choose to transport their children if they prefer.

Preschool is in session: 9:10 am – 3:30 pm, Monday –Thursday

Meals: Breakfast, lunch & snack (Free and reduced prices for qualifying families).

Cost: Families with income at or below 200% poverty level are eligible for the ECE grant funding and will pay no tuition. Families with income above 200% will pay tuition.

Where/When to apply: Complete and turn in application at the Northwest Elementary front lobby on Friday, April 14, 10:00 am – 2:30 pm OR call to make an appointment after April 14th.

How to apply: Please see the 2023 Federal Poverty Guidelines on the attached Preschool Application to see which of the following categories fits your family's financial situation:

1) **Preschool Applications for families who fall at or below 200% poverty level** are eligible for ECE grant funding, **will pay \$0 tuition** and should be turned in by **May 5, 2023**. Children must turn 4 by September 30, 2023 and should be potty-trained. You must also turn in a completed ECE Eligibility Screening Tool, and your two most recent pay stubs, statements of benefits, or 2022 Income Tax Forms. All families who turn in applications after May 5th will be placed on a waiting list and notified as ECE spots become available.

OR

2) **Preschool Applications for families who fall above 200% poverty level** are not eligible for ECE grant funding, and **will pay tuition** based on gross household income if selected (see tuition schedule on application), and will be selected on a **first-come, first-served** basis beginning April 14th at 10:00 am. Northwest will offer only a few paid tuition spots. Children should be potty-trained and turn 4 by September 30, 2023. Once the "paid" spots are filled, all subsequent applicants will be placed on a waiting list. Completion of the ECE Screening Tool and income verification are NOT REQUIRED for families who are not seeking an ECE Grant spot.

The application period will not begin until Friday, April 14 at 10:00 am. You must return the application **and** provide proof of income (for free tuition spots) and custody papers, (if applicable) directly to Mrs. Shannon before your application will be considered. Do not just drop it off at the school or send it in with a sibling. If you are unable to make it on April 14th, please call Mrs. Shannon at 259-2250 Option 6 or ext. 3317 to make an appointment.

Northwest Local School District Preschool Application - Fall 2023

(Do not turn in this application without attaching proof of income & ECE Screening Tool if you wish to be considered for a free tuition spot)

Child's Name: _____ Age: (by Sept. 30, 2023) _____

Birthdate: _____ My child is potty trained: Yes No

Parent's Name: _____

Address: _____

Phone Numbers: _____ Gender: Male Female

Custodial Parent's Signature _____

Number of People in Household: _____ Gross Annual Income for 2022: _____

United States Department of Health and Human Services

2023 FEDERAL POVERTY GUIDELINES

Number of people in house	\$0 Tuition 200% Poverty Level	250% Poverty Level	300% Poverty Level	350%+ Poverty Level
1	\$29,160	\$36,450	\$43,740	\$51,030
2	\$39,440	\$49,300	\$59,160	\$69,020
3	\$49,720	\$62,150	\$74,580	\$87,010
4	\$60,000	\$75,000	\$90,000	\$105,000
5	\$70,280	\$87,850	\$105,420	\$122,990
6	\$80,560	\$100,700	\$120,840	\$140,980
7	\$90,840	\$113,550	\$136,260	\$158,970
8	\$101,120	\$126,400	\$151,680	\$176,960

This chart is based on **Gross Annual Household Income**: For families with more than 8 members add \$10280 for each additional member.

If your child is accepted into a Northwest preschool classroom, you will be expected to pay monthly tuition unless your family's gross household income falls at or below the 200% poverty level. Tuition is as follows:

_____ **200% poverty level or below: free tuition**

_____ 201-249% will be: \$100.00 per month

_____ 250-299% will be: \$200.00 per month

_____ 300-349% will be: \$250.00 per month

_____ 350% and above will be: \$300.00 per month

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

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.

Yes 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

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Yes 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		

Special Needs

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Yes No

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 <i>(before taxes)</i>	How Often Received <i>(weekly, bi-weekly, etc)</i>	Date Last Received	Work or School Schedule <i>(please list times)</i>
					<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
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Ohio Department of Job and Family Services
Ohio Department of Education
EARLY CHILDHOOD EDUCATION ELIGIBILITY SCREENING TOOL

How do I apply for Early Childhood Education Services (ECE)?

- Complete the screening tool, JFS 01121.
 - Submit this form to **your provider**.
 - **Do not** submit the form to the Ohio Department of Education.
 - Your provider will let you know if you qualify.
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How do I apply for Publicly Funded Child Care?

- Complete the screening tool, JFS 01121, and the JFS 01122 Publicly Funded Child Care Supplemental Application, answering as many questions as you can. **Be sure to sign both forms.**
 - Submit both the JFS 01121 and JFS 01122 to your local county agency.
 - Attach verifications to the JFS 01122 (see verification requirements below).
 - A verifications checklist will be mailed to you within 10 days of your application date if more information is needed to make a decision on your case.
 - **You will have 30 days** from the date the county receives your application to provide all needed information.
-

What verifications do I need for publicly funded child care?

- **Proof of income:** Verification of income includes but is not limited to paystubs, tax records, award letters, child support orders, etc.
 - **Proof of any child support paid.**
 - **Proof of citizenship or qualified alien status for children in need of care:** If the county agency verifies that you have already provided proof of citizenship to qualify for OWF, you will not have to provide it a second time.
 - **Proof of a qualifying activity for all caretakers in the household:** Verification of a qualifying activity includes but is not limited to an official school schedule, work schedule, employment verification, self-sufficiency contract, etc.
 - **Provide the name and address of an eligible child care provider chosen for each child in need of care. (See below for tips on choosing a provider).**
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What is Step Up To Quality?

Step Up To Quality helps families identify child care programs that go beyond the minimum standards of licensing. Star rated programs demonstrate higher levels of quality in a variety of ways. For more information, visit the ODJFS child care website at <http://jfs.ohio.gov/cdc/index.stm> and click on "Step Up To Quality."

How do I choose a Provider?

ECE: If you would like to view a map of early childhood education providers, visit <http://education.ohio.gov/Topics/Early-Learning/Early-Childhood-Education-Grant>.

Publicly Funded Child Care: Parents may select any program approved to offer publicly funded child care. These programs include centers, family child care homes and in-home aides located throughout the state of Ohio.

- If you would like assistance with selecting a publicly funded child care provider, you may contact your local Child Care Resource and Referral Agency. Visit <http://jfs.ohio.gov/cdc/families.stm> for contact information.
- You may use the ODJFS Child Care Directory to look for programs that fit your child care needs at <http://childcaresearch.ohio.gov/>. The directory allows you to search by location, type of program, services offered and days and hours of operation. Information is provided about each program including Step Up To Quality rating, any additional accreditation or affiliation, licensing inspections and substantiated complaints.

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When will my eligibility begin?

ECE: You will be notified by your provider when you may begin care.

Publicly Funded Child Care: Your eligibility for the publicly funded child care program is determined within 30 days from the date the signed application is received by the county. If this application is approved and you are eligible for child care benefits, the county agency may authorize payment for child care from the date the county received this application.

How do I get help with completing this application?

ECE: If you need assistance with this application, ask your provider.

Publicly Funded Child Care: If English is not your primary language, the county agency will provide someone who can help you understand the questions on this application. If you have a disability, are hearing impaired or visually impaired, the county agency will help you complete this application.

What if my child has a disability or I suspect my child may be developmentally delayed?

- To learn more about Medicaid health screenings and early intervention services for your child, please visit the Ohio Department of Job and Family Services child care website at <http://jfs.ohio.gov/CDC/childcare.stm> and click on "Families."
 - **Publicly Funded Child Care:** Your child care provider may qualify for additional assistance if they must make special adaptations for your child. Your provider may contact your county agency for more information.
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How do I make a complaint about a provider?

ECE (ODE): If the program is licensed by ODE, call 614-466-0224.

Publicly Funded Child Care (ODJFS): If the program is licensed by ODJFS, call 1-877-302-2347, option 4
