

## Overview

Bucks County has seven Pre-K Counts grants from the Commonwealth of Pennsylvania. The grants allow families with children (who are 3 or 4 years old by September 1<sup>st</sup>) to enroll in an approved high quality, pre-school program at no cost to the family.

Included in this packet is the Bucks County Pre-K Counts application for the 2022-2023 school year. Families living in Pennsylvania with children who meet the required criteria will be considered for this five day-a-week program. All families must meet the income guidelines to be eligible for the program. A family of four can earn up to \$83,250 a year and still qualify.

Families who qualify financially and also have secondary at-risk factors (for example: English as a Second Language, Foster Care, Early Intervention Services, etc.) will be given priority consideration for the program.

To apply for Pre-K Counts in Bucks County, complete the application on pages 3, 4 and 5 of this packet. If you are completing the application electronically, please print and then sign the application (on page 5) before submitting it. Families may submit the Pre-K Counts application and all supporting documents to the school district or other contacts listed below.

## Contacts

Lead Agencies by School District	Other Lead Agencies
<p><b>Bristol Township School District</b> Audrey Flojo Colletti 5 Blue Lake Road Levittown, PA 19057 267-599-2017 <a href="mailto:audrey.flojo@bristoltwpsd.org">audrey.flojo@bristoltwpsd.org</a></p> <p><b>Neshaminy School District</b> Kim Johnson Pupil Services 2250 Langhorne-Yardley Road Langhorne, PA 19047 215-809-6558 <a href="mailto:kjohnson@neshaminy.org">kjohnson@neshaminy.org</a></p> <p><b>Quakertown School District</b> c/o LifeSpan School &amp; Day Care Teresa Maund 2460 John Fries Highway Quakertown, PA 18951 215-896-9917 <a href="mailto:tmaund@lq.org">tmaund@lq.org</a></p>	<p><b>Bucks County Intermediate Unit</b> Katrina Brooks 705 N. Shady Retreat Road Doylestown, PA 18901 215-348-2940 ext. 8800 <a href="mailto:kbrooks@bucksiu.org">kbrooks@bucksiu.org</a></p> <p><b>United Way of Bucks County</b> Candi Guerrero 413 Hood Boulevard Fairless Hills, PA 19030 215-949-1660, ext. 108 <a href="mailto:candig@uwbucks.org">candig@uwbucks.org</a></p>

## Application Checklist

Please submit copies of the items listed below with your application:

- 2021 Federal Income Tax Return for all adults (18 and over) residing in your household  
**Please include ONLY the first 2 pages of Federal Form 1040; no other tax forms are required.**
- Child's Birth Certificate
- Child's Social Security Card or Number on Tax Return
- Parent/Guardian Photo ID
- Pre-K Counts Application (all 3 pages must be completed)
- Proof of Residency: Lease/Deed or Mortgage Coupon
- Three (3) additional proofs of residency

The following items are due immediately upon acceptance into the program. You may submit these forms with your application, however it is not required.

- Child's Immunization Records
- Child's Physical (completed after September 1, 2021), including vision, hearing, and dental screenings.

## Income Eligibility

To be eligible for Pre-K Counts, a family's annual income may not exceed 300% of poverty.

### 2022 Federal Poverty Guidelines

Household Size	100%	200%	300%
1	\$13,590	27,180	40,770
2	\$18,310	36,620	54,930
3	\$23,030	46,060	69,090
4	\$27,750	55,500	83,250
5	\$32,470	64,940	97,410
6	\$37,190	74,380	111,570
7	\$41,910	83,820	125,730
8	\$46,630	93,260	139,890

U.S. Department of Health & Human Services: <https://aspe.hhs.gov/poverty-guidelines>



# Pre-K Counts Bucks County 2022-23 APPLICATION

*Please print clearly.*

SECTION 1: CHILD INFORMATION	
Child's Name _____	Today's Date _____
Ethnicity (Check One):    ___ Non-Hispanic                      ___ Hispanic                      ___ Unknown	
Race (Check One):        ___ Black or African American    ___ American Indian or Alaskan    ___ Other ___ Asian                      ___ White or Caucasian                      ___ Hawaiian Pacific Islander    ___ Unknown	
Child's Birth Date _____	___ Male                      ___ Female
Child's Social Security Number _____	<b>Please submit a copy of the child's birth certificate.</b>
<i>If you have English as a Second Language, please complete this section.</i>	
Language(s) spoken at home _____	Language(s) child speaks _____
<b>Special Needs/Concerns Related to the Child:</b> _____ <i>If the child is receiving early intervention services, please submit a copy of the child's IEP.</i>	
<b>My local Elementary School:</b> _____ <b>in</b> _____ <b>School District.</b>	

SECTION 2: PARENT INFORMATION	
Parent/Guardian #1: Name _____	Date of Birth _____
Employment Status: ___ Full Time    ___ Part Time    ___ Unemployed    ___ Military (Active, Reserve, or Veteran)	
Address _____	Apt _____
City _____ State PA	Zip Code _____
Primary Phone Number _____	Alternate Phone Number _____
Email Address _____	
Parent/Guardian #2: Name _____	Date of Birth _____
Employment Status: ___ Full Time    ___ Part Time    ___ Unemployed    ___ Military (Active, Reserve, or Veteran)	
Address _____	Apt _____
City _____ State PA	Zip Code _____
Primary Phone Number _____	Alternate Phone Number _____
Email Address _____	
<b>Highest education level completed:</b> Parent #1 _____ Parent #2 _____	

SECTION 3: HOUSEHOLD INCOME	
<b>A copy of the first two pages of the 2021 federal income tax return for ALL adults in the household must be submitted with this application.</b>	
Income from all sources for all household members _____/year	
Number of Adults (everyone over age 18) in the household _____	Ages _____
Number of Children in the household _____	Ages _____
Check one: <input type="checkbox"/> I own my home <input type="checkbox"/> I rent my home <input type="checkbox"/> I am living with another family	
<b>FOR PROGRAM USE ONLY</b> Income Verified by _____ Date _____	

SECTION 4: ADDITIONAL CHILD INFORMATION (Required)	
Are you currently enrolled in the Head Start Program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your child enrolled in Child Care Works (subsidized child care)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your family receive public benefits (TANF, Medical Assistance, SNAP, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the parent a migrant (non-immigrant) or seasonal worker?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your child homeless (living in a motel, shelter, in substandard housing)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your child in foster care, kinship care, or receiving Child Protective services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child receive behavioral supports or been referred for behavioral supports?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the child's mother less than 18 years of age when he/she was born?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is one of the child's parents incarcerated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the parent have a high school diploma or GED?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there concerns about the child's physical development or existing medical issues?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there concerns about the child's speech or language development?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there concerns about the child's social, emotional, or behavioral development?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If there is anything else that we should know about your child or your family, please explain here: _____	

**SECTION 5: RELEASE OF INFORMATION**

Child's Name \_\_\_\_\_

**When necessary to the fulfillment of the Pre-K Counts grant or to enhance services provided to my child or family, I authorize release and sharing of information to:**

Bucks County Intermediate Unit	___ Yes    ___ No
My local school district ( _____ )	___ Yes    ___ No
Pennsylvania Department of Education	___ Yes    ___ No

**When necessary for the fulfillment or enhancement of the Pre-K Counts grant, I authorize the use of photographs in which my child appears for purposes including, but not limited to, newsletters, press releases, and/or brochures.**

I authorize the use of my child's photo as described above. \_\_\_ Yes    \_\_\_ No

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**SECTION 6: PROGRAM ASSURANCES & SIGNATURE**

- Families are considered for enrollment in Pre-K Counts after the completed application and all supporting documents have been received.
- Families are accepted on a "need" basis and not from the date the application was submitted.
- Families whose children are selected for the Pre-K Counts program *must provide transportation on a daily basis to and from the pre-school to which they are assigned.*
- Families are required to attend parent/guardian conferences and at least one parent workshop.
- Attendance is essential. Except for excused absences, children must be prompt and present on a daily basis.

**Please check and sign below:**

**HEAD START ELIGIBLE FAMILIES:**

\_\_\_ I have been given information about Head Start but I prefer to enroll in the Pre-K Counts program.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_ To the best of my knowledge the information on this application is accurate.

\_\_\_ I accept the responsibilities of a Pre-K Counts family.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Name (Printed) \_\_\_\_\_

**All documents listed on page 2 must be included with your application.**  
**We will not review or accept any application without all supporting documents.**  
**Please submit this application and all documents requested to the Lead Agencies listed on Page 1.**  
*Thank you!*