



## Summer Transition Program Eligibility Information Form

Today's Date										
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Please clearly print the name as it appears on the birth certificate.

Legal Last Name																			
Legal First Name																			
Legal Middle Name										Name Suffix (Jr,II,III)									
Child's Social Security #					DOB) (M/D/Y)					Gender									
-- --					/ /					<input type="checkbox"/> M	<input type="checkbox"/> F								

Indicate whether your child currently receives any of the following services?

- Child Care and Parent Services (CAPS)
- Supplemental Nutrition Assistance Program (SNAP)
- Medicaid
- Temporary Assistance for Needy Families (TANF)
- None of the above

If you selected any of the services above, **documentation must be provided to verify active participation** in the program. If you checked multiple boxes, documentation verifying any one of the services will be sufficient.

\_\_\_\_\_  
**Parent/Guardian Signature**

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

**For program office use only**

If families are currently participating in any of the aforementioned services and verifying documentation is on site, programs may use the Summer Transition Program Eligibility Information Form in lieu of the Income Eligibility Worksheet.

Current participation in the above program verified:

Yes  
Indicate type of documentation received: \_\_\_\_\_

Other: \_\_\_\_\_

No  
If current participation cannot be verified, the program must complete the **Income Eligibility Worksheet** to determine eligibility