CAPS Referral

 Pre-K Summer Transition Program - 2017

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Full Name of child enrolled in STP  |  |  |  |  | Date of Birth  | Social Security Number  |
|  |  |  |  |  |  |  |  |  | *I*  | *I*  |  | *I*  |  | *I*  |  |
| Full Name of child enrolled in STP  |  |  |  |  | Date of Birth  | Social Security Number  |
|  |  |  |  |  |  |  |  |  | *I*  | *I*  |  | *I*  |  | *I*  |  |
| Full Name of Parental Authority |  |  |  |  | Date of Birth  | Social Security Number  |
|  |  |  |  |  |  |  |  |  | *I*  | *I*  |  | *I*  |  | *I*  |  |
| Full Name of Parental Authority |  |  |  |  | Date of Birth  | Social Security Number  |
|  |  |  |  |  |  |  |  |  | *I*  | *I*  |  | *I*  |  | *I*  |  |
| Home Address  |  |  |  |  |  |  |  | County  |  |  | Family Size  |
| Daytime Phone  |  | Email Address |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| *Each Parental Authority* *must* meet *income requirements and be in* an *approved activity; i.e., employment* at *least*  |
| *24 hrs weekly, enrolled full time in training program, or in middle or high school if age* 21 *yrs. or younger*  |
| Parental Authority |  |  |  | Activity  |  |  |  | Total hrs per week  |
|  |  |  |  |  |  |  | Working  | School Training  |  |  |  |  |  |
| Activity Name and location  |  |  |  |  |  |  |  |  | Total days per week  |
| Frequency of pay  |  |  |  |  | Gross income from wages  |  |  | Other gross income  |
| Weekly  |  | Bi-Weekly  | Monthly  | Semi-Monthly  |  |  |  |  |  | (i.e. child support)  |
| Parental Authority |  |  |  | Activity  |  |  |  | Total hrs per week  |
|  |  |  |  |  |  |  | Working  | School Training  |  |  |  |  |  |
| Activity Name and location  |  |  |  |  |  |  |  |  | Total days per week  |
| Frequency of pay  |  |  |  |  | Gross income from wages  |  |  | Other gross income  |
| Weekly  |  |  Bi-Weekly  | Monthly  | Semi-Monthly  |  |  |  |  |  | (i.e. child support)  |
| Name of Pre-K Site  |  |  |  |  |  |  |  |  |  | Phone #  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  | -  |  | -  |
| Site Address  |  |  |  |  |  |  |  |  |  | County  |  |
| Name of Childcare provider if different  |  |  |  |  |  |  |  | Phone #  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  | -  |  | -  |
| Provider Address:  |  |  |  |  |  |  |  |  |  | County  |  |

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

Signature of Parental Authority Date

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

Signature of GA Pre-K Provider or Designee/Date

\*NOTE: Please provide the published rates of the child care facility the child will attend. If approved, child care will be authorized from the date of approval to the end of the Summer Transition program for the given year.

FOR CAPS PURPOSES ONLY

Referral received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Family is: Potentially eligible Ineligible

Parent Contacted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approved Denied

Application Received: \_\_\_\_\_\_\_\_\_\_\_\_\_