CAPS PRE-K SUMMER TRANSITION PROGRAM CHECKLIST

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Parental Authority:** |  | | | | | | |
| **Provider Name:** |  | | | | | | |
| **Provider Address:** |  | | | **Provider ID:** |  | | |
| **Transition Coach:** |  | | | **Transition Coach Contact Number:** |  | | |
|  | |  |
| Required Documentation | | | | | **YES** | **NO** | Not Applicable |
| 1. CAPS Referral for Children Enrolled in Pre-K Summer Transition Program for School Year 2017 | | | | |  |  |  |
| 1. CAPS Published Provider Rate Form | | | | |  |  |  |
| 1. \*Application for Child Care Services – Form 60 | | | | |  |  |  |
| 1. \*Verification of Family Income | | | | |  |  |  |
| 1. \*Proof of Activity for Adult Family Unit Members (Work/School/Training) | | | | |  |  |  |
| 1. \*Verification of Child’s Citizenship | | | | |  |  |  |
| 1. \*Proof of Residency | | | | |  |  |  |
| 1. \*CAPS Program Family Asset Certification Form | | | | |  |  |  |
| 1. \*Proof of Social Security Number (If SSN is provided) | | | | |  |  |  |
|  | | | | |  |  |  |
| |  | | --- | | Comments: |   \*Items 3-9 must be completed for families not currently receiving subsidy and requesting before/after services for Summer Transition Program. | | | | | |  | C:\Users\HLTA\Documents\DECAL logo.jpg |

 Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

