ASPIRE PreK Qualification Application Please complete this application completely, indicating with an "X" when marking a choice		A A A A A A A A A A A A A A A A A A A
Child's Full Legal Last Name:	ASPIRE	
Child's Full Legal First Name:	Advancing High-Quality Prek	
Child's Full Legal Middle Name (If any):		
Child's Generational Indicator (Jr., II, III, IV, etc.):		
Child's Date of Birth:		
Child's Age (3, 4, or 5):		
Child's Gender: Male: Female:	X-bir	nary:
Child's Race: Hispanic/Latino:		American Indian/Alaska Native:
Asian:	Black	k/African American: White:
Native Hawaiian/Pacifi	ic Islande	er: Two or more races:
Is a language other than English spoken at home?	Y	Ν
Is the child receiving:		
Individualized Education Plan (IEP) services?	Y	Ν
Individualized Family Service Plan (IFSP) services?		Ν
Is the child from a Migrant Family?		Ν
Is the child Homeless?		Ν
Is the child served in the Child Welfare System?	Y	Ν
Is the child from a Military Family?		Ν
Annual Household Income: At or Below 1	85% of F	Federal Poverty Level:
(Use the chart below) Between 186	% - 300%	% of Federal Poverty Level:
Above 300%	of Feder	ral Poverty Level:
Total number of children and adults in the household $ ightarrow$ Y	early inc	come

Household/	185%	200%	225%	250%	275%	300%
Family Size						
1	\$26,973	\$29,160	\$32,805	\$36,450	\$40,095	\$43,740
2	\$36,482	\$39,440	\$44,370	\$49,300	\$54,230	\$59,160
3	\$45,991	\$49,720	\$55,935	\$62,150	\$68,365	\$74,580
4	\$55 <i>,</i> 500	\$60,000	\$67,500	\$75,000	\$82,500	\$90,000
5	\$65,009	\$70,280	\$79,065	\$87,850	\$96,635	\$105,420
6	\$74,518	\$80,560	\$90,630	\$100,700	\$110,770	\$120,840
7	\$84,027	\$90,840	\$102,195	\$113,550	\$124,905	\$136,260
8	\$93 <i>,</i> 536	\$101,120	\$113,760	\$126,400	\$139,040	\$151,680
9	\$103,045	\$111,400	\$125,325	\$139,250	\$153,175	\$167,100
10	\$112,554	\$121,680	\$136,890	\$152,100	\$167,310	\$182,520

Documentation needed:

English Language Learner:	Signed Home Language Survey
IEP/IFSP:	Copy of official IEP/IFSP
Income:	Copy of previous year tax return <u>OR</u> scan of SNAP benefit letter/card <u>OR</u> Copy of MSDE scholarship paperwork <u>OR</u> one month of consecutive pay stubs

I hereby affirm that, to the best of my knowledge, all the documents provided are true and accurate. I have provided them honestly and in good faith. I take responsibility for their truthfulness and authenticity.

Signature of Legal Parent/Guardian: ______