

**Elk Grove Unified School District
PreK Education
Preschool Eligibility Determination**

Thank you for your interest in preschool. Please review the Family Income Guidelines below to determine if your family size and income meet the income eligibility requirement for one of the PreK programs in EGUSD. If so, please complete the Eligibility Determination below the income guidelines. **Please note that completing this form does NOT guarantee placement into the PreK program.** Placement is not based on a first come, first served basis and is not solely determined by income. The PreK programs in Elk Grove Unified School District are funded by Head Start, the State of California, and by Title I. Each of these funding sources has specific requirements that your family must meet in order to qualify. Staff will review the information you provide to determine if you qualify. After a determination is made they will contact you to set up an appointment to register, or if you do not qualify for one of these programs, refer you to other preschool programs within the school district.

State-CSPP Family Income Guidelines <i>(effective 07/06/2017)</i>			Head Start <i>(effective 02/01/2017)</i>		Title I
Size of Family	Monthly Income	Annual Income	Monthly Income	Annual Income	Live within the boundaries of a Title I school
1	\$4,030	\$48,360	\$1,005.00	\$12,060	Income is not considered. To qualify a family must live within the boundaries of a Title I school.
2	\$4,030	\$48,360	\$1,353.33	\$16,240	
3	\$4,340	\$52,080	\$1,701.67	\$20,420	
4	\$4,877	\$58,524	\$2,050.00	\$24,600	
5	\$5,657	\$67,884	\$2,398.33	\$28,780	
6	\$6,438	\$77,256	\$2,746.67	\$32,960	
7	\$6,584	\$79,008	\$3,095.00	\$37,140	
8	\$6,730	\$80,760	\$3,443.33	\$41,320	
9	\$6,877	\$82,524	HEAD START ONLY For family units with more than 8 members, add \$4,180 a year for each additional family member.		
10	\$7,023	\$84,276			
11	\$7,169	\$86,028			
12 or more	\$7,316	\$87,792			

PreK ELIGIBILITY DETERMINATION

Date _____ Site requesting _____ Program _____
 Child's Name: _____ Birth Date _____ Gender Boy Girl
 Parent's Name _____ Address _____
 Phone _____ City/Zip _____
 Email _____ Home School _____
 Approximate Monthly Income (before taxes) _____ Family Size _____

FOR OFFICE USE ONLY: Program Eligibility: Title 1 Head Start State (CSPP) Staff Initial _____
 TANF SSI Homeless Foster/CPS Referred Guardianship Transfer SETA (HS→HS) Within EGUSD PreK
 1st Choice _____ 2nd Choice _____ 3rd Choice _____ ANY SITE
 Site OAIII or Program Educator contacted Family Date Contacted _____ Priority Rank _____
 Family information was inputted into recruitment list in G-drive.
 Packet picked up appointment for completion scheduled YES NO
 Notes: