Elk Grove Unified School District PreK-6 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 requirements 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 (effective 7/1/2021)			HEAD START (effective 1/20/2022)		TITLE I
Size of Family	Monthly Gross Income	Annual Gross Income	Monthly Gross Income	Annual Gross Income	Live within the boundaries of a Title I school.
1	\$5,889	\$70,665	\$1,132.50	\$13,590	
2	\$5,889	\$70,665	\$1,525.83	\$18,310	Income is not
3	\$6,511	\$78,135	\$1,919.16	\$23,030	considered. To qualify,
4	\$7,441	\$89,297	\$2,312.50	\$27,750	family <u>must</u> live within
5	\$8,632	\$103,584	\$2,705.83	\$32,470	the boundaries of a
6	\$9,823	\$117,872	\$3,099.16	\$37,190	Title I school.
7	\$10,046	\$120,550	\$3,492.50	\$41,910	
8	\$10,269	\$123,230	\$3,885.83	\$46,630	
9	\$10,492	\$125,909	HEAD START ONLY:		
10	\$10,716	\$128,587	For family units with more than 8		
11	\$10,939	\$131,266	members, add \$4,720 a year foreach		
12	\$11,162	\$133,946	additional family member.		

PREK ELIGIBILITY DETERMINATION

Inquiring Date:Preferred Site		Program:				
Child's Name:	Birth Date:	Gender: 🛛 Boy 🗆 Girl				
Parent/Guardian Name:	Address:	_Address:				
Primary Phone #	City/Zip:	_City/Zip:				
Email:Home School:						
Approximate Monthly Income (before taxes):	Fan	Family Size:				
FOR OFFICE USE ONLY: Program Eligibility: Title I	Head Start State (CS	PP) Priority Rank:				
□ TANF □ SSI □ Homeless □ Foster/CPS Referred	🗆 Guardianship 🛛 Trar	sfer: \Box SETA (HS \rightarrow HS) \Box Within EGUSD PreK				
Preferred Site(s): 1 st : 2 nd :	3 rd :	ANY SITE				
 Site OA or Program Educator contacted family. Date of contact: Staff Initials: Staff Initinitials: Staff Initials: Staff Init						