

**Chesapeake Public Schools Preschool Initiative**  
**FOUR-YEAR-OLD PROGRAM**  
**Application and Eligibility Screening Process**

Applications for the upcoming school year's CPI four-year-old preschool program are accepted beginning in February each year. Residents of Chesapeake, with children turning four-years-old by September 30<sup>th</sup> are eligible to apply.

CPI program eligibility screenings begin in March and end in June each year. Parents/legal guardians must submit a completed application and all documents required for eligibility determination before a screening appointment can be scheduled.

Applications and instructions are available at [www.cpschools.com](http://www.cpschools.com), on the Preschool Opportunities webpage; by email request to [cpscpi@cpschools.com](mailto:cpscpi@cpschools.com); or from any CPS elementary, or primary school.

Applications may be submitted using the online form, or by email to [cpscpi@cpschools.com](mailto:cpscpi@cpschools.com).

**Please note:**

- Applying does not guarantee program placement
- Only applicants submitting a complete application packet can be screened for eligibility
- **Selection is determined by eligibility criteria, not on a first-come, first-served basis**

This checklist of Documents Required for Eligibility Determination is provided to help you prepare a complete Application Packet. All these documents should be submitted with your completed application.

Only complete Application Packets can be scheduled for screening to determine eligibility.

CPI Checklist of Documents Required for Eligibility Determination:

- Child's original certified birth certificate or birth certificate affidavit
- Parent/Legal Guardian Identification
- Proof of Residence: an electric, gas, or water utility bill, in Parent/Legal Guardian name showing usage in the past 30 days
- Proof of Income: for each employed Parent/Legal Guardian(s) living in the home with the child
  - W2 (prior year), SSA, 1099, SSI, or
  - Two most recent pay stubs
  - Also considered income: Unemployment, worker's compensation, veteran's benefit, survivor benefits, retirement, interest and dividends, rents and royalties, estate and trust income, educational assistance, and/or financial assistance
- Other essential eligibility determination documents:
  - Unemployment income determination letter
  - SNAP and/or TANF benefit letter
  - WIC ID card
  - Court Custody documents
  - Court Child Support documents
  - Child's Current IEP

**2022-2023 PRESCHOOL INITIATIVE APPLICATION for CHESAPEAKE PUBLIC SCHOOLS**

CHILD'S INFORMATION					
Child's Last Name:		First:	Middle:	Age on September 30:	
DOB:	Gender:	Primary Language at Home:			
Race: <input type="checkbox"/> Black/African American <input type="checkbox"/> White/Caucasian <input type="checkbox"/> American Indian/Alaska Native		Ethnicity: <input type="checkbox"/> Hispanic or Latino		<input type="checkbox"/> Non-Hispanic or Latino	
<input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Two or More					
Person Completing Application:			Relationship to Child:		
Child's Home Address:			City/State:	Zip:	
Home #	Work #	Cell #	Email Address:		
SPECIAL NEEDS					
Does your child have an IEP or Disability? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If <u>Yes</u> , is documentation provided? <input type="checkbox"/> Yes <input type="checkbox"/> No    Circle all that apply: ADHD, LD, ED, Autism, Speech, Other: _____					
If <u>No</u> , do you suspect your child may have special needs or a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Has your child been diagnosed with a serious or chronic health conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Please clarify/describe: (asthma, other) _____					
Does your child have medically diagnosed allergies? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No					
Please clarify/describe: (food allergies, dust, pollen, other) _____					
Is your child toilet trained without the use of diapers or pull-ups? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No					
PARENT(S)/LEGAL GUARDIAN(S)					
Parent/Legal Guardian Name	M/F	DOB	Relationship to Child	Lives w/Child	Employment: Circle ALL that apply
Parent/Legal Guardian:					Employed full time / Employed part time Unemployed / In school / In job training
Parent/Legal Guardian:					Employed full time / Employed part time Unemployed / In school / In job training
FAMILY MEMBERS **LIVING in the Same Home, Supported by the Parent(s)/Legal Guardian(s) Income**					
Name	M/F	DOB	Relationship to Applicant		
					Total # in family:
OTHER HOUSEHOLD MEMBERS					
Name	M/F	DOB	Relationship to Applicant		
					Total # in home:

2022-2023 PRESCHOOL INITIATIVE APPLICATION for CHESAPEAKE PUBLIC SCHOOLS

ADDITIONAL CHILD AND FAMILY INFORMATION	
Family Type: <input type="checkbox"/> Single Parent <input type="checkbox"/> Two Parent <input type="checkbox"/> Foster <input type="checkbox"/> Other Relative <input type="checkbox"/> Other	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
<b>Custody Information:</b> (only if child custody has been determined by the courts) <input type="checkbox"/> Sole <input type="checkbox"/> Joint <input type="checkbox"/> Physical/Primary	
HEALTH INSURANCE INFORMATION	
Child's Health Insurance: <input type="checkbox"/> None <input type="checkbox"/> Private <input type="checkbox"/> Medicaid <input type="checkbox"/> FAMIS <input type="checkbox"/> Other	
Parent/Legal Guardian Health Insurance: <input type="checkbox"/> None <input type="checkbox"/> Private <input type="checkbox"/> Medicaid <input type="checkbox"/> FAMIS <input type="checkbox"/> Other	
PLEASE COMPLETE ALL OF THE FOLLOWING SITUATIONS THAT APPLY TO YOUR FAMILY	
<input type="checkbox"/> Child previously/currently enrolled in: <input type="checkbox"/> Head Start <input type="checkbox"/> Preschool <input type="checkbox"/> Daycare? Name/Location: _____	
<input type="checkbox"/> Referred by a professional agency? Name of agency _____	
<input type="checkbox"/> Mother's education? <input type="checkbox"/> Some High School <input type="checkbox"/> Graduated High School/GED <input type="checkbox"/> Graduated College <input type="checkbox"/> In School /Job Training	
<input type="checkbox"/> Father's education? <input type="checkbox"/> Some High School <input type="checkbox"/> Graduated High School/GED <input type="checkbox"/> Graduated College <input type="checkbox"/> In School /Job Training	
<input type="checkbox"/> Limited English Proficiency? Family: <input type="checkbox"/> Yes <input type="checkbox"/> No    Child: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Lack of family or support in the area?	
<input type="checkbox"/> Active duty military? If <b>Checked</b> , is parent/legal guardian currently deployed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Residing in Section 8/Public Housing? (Government assisted)	
<input type="checkbox"/> Lack fixed, regular, adequate housing, or are homeless at this time.	
<input type="checkbox"/> Living with relatives or others? Please clarify/describe: _____	
<input type="checkbox"/> Recent change in family structure/guardianship within one year? <input type="checkbox"/> Separation <input type="checkbox"/> Foster care <input type="checkbox"/> Other _____	
<input type="checkbox"/> Domestic violence/traumas witnessed or encountered by child? Please clarify/describe: _____	
<input type="checkbox"/> Physical abuse/sexual abuse of child? Please clarify/describe: _____	
<input type="checkbox"/> Recent death/suicide of a relative that would impact the child? Relationship to child? _____	
<input type="checkbox"/> Teenage parent (under 18)? Age of parents at birth of first child: <b>Mother</b> _____ <b>Father</b> _____ <b>First child's</b> birth date: _____	
<input type="checkbox"/> Disabled parent or family member within household? Relationship to child? _____	
<input type="checkbox"/> Serious health condition(s) of family member(s) in the household? Relationship to child? _____ Condition(s) _____	
<input type="checkbox"/> Family member(s) in the household receiving counseling services? Please clarify/describe: _____	
<input type="checkbox"/> Substance abuse by parent(s)? Please clarify/describe: _____	
<input type="checkbox"/> Incarcerated parent (previously or currently)? Please clarify/describe: _____	
<p>By signing this application, I give permission for my child to be considered and accepted into the <b>CHESAPEAKE PRESCHOOL INITIATIVE</b> (or <b>HEAD START</b> program). I further understand placement will be determined by the <b>CHESAPEAKE PRESCHOOL INITIATIVE</b> (or <b>HEAD START</b> Eligibility Committee).</p> <p><b>Certification:</b> I certify that all the information on this application is true. If any part is false, participation in either program may be terminated, and I may be subject to legal action. I understand that the information in this application will be held in strict confidence and is accessible to me during normal business hours. I also understand that this is not a first-come, first-served process, and that selection is based on weighted risk factors. Children with the highest risk factors will be selected first. I also understand that program eligibility is conditional on being a resident of Chesapeake and on regular program attendance.</p> <p>Parent/Legal Guardian Signature: _____ Date: _____</p> <p>CPI / Head Start Staff Signature: _____ Date: _____</p> <div style="border: 1px solid black; padding: 10px; margin-top: 10px;"> <p align="center"><input type="checkbox"/> Check to indicate that you want to apply to HRCAP Head Start three-year-old or four-year old program. To apply directly go to <a href="http://hrcapinc.org">hrcapinc.org</a> or call (757) 673-0548.</p> </div>	