

Albany County TANF Preschool Partnership

3520 Garfield Street Laramie, WY 82070 307-742-9332

May 4, 2021

Thank you for your interest in the Albany County TANF Preschool Partnership! We are pleased to announce that we have received approval from the Wyoming Department of Education for this grant-funded project to continue through the 2020-21 and 2021-22 school years. Attached is the application for enrollment. Please note that we have 4 locations for TANF preschool in Laramie:

- Basic Beginnings North
- Basic Beginnings South
- Linford Elementary School
- Slade Elementary School

All four locations have the benefit of highly qualified teaching staff and an intentional curriculum that supports children's development and preparation for the world of kindergarten. **Please indicate your preference of location on the application, as well as your second choice, should your desired location be full to capacity.** Each preschool location offers a morning session and an afternoon session. There are a limited number of enrollment slots in each session. Most of these slots are reserved for children whose family qualifies according to the income requirements noted in the application. These applications will be given priority.

Proof of income for one full month must be included with your application and must reflect earnings within 30 days of the date on the application. This proof is required for every adult over the age of 18 who resides in the home. If any of these adults have no income, a "Zero Income Statement" (also attached) must be completed, signed, and included with your application. If it appears that your application is complete and that you qualify for the program, you will receive notification of CONDITIONAL approval from us. Your application and supporting documentation will then be sent to the Wyoming Department of Education for final approval.

If you do not qualify, there are still options available to you. Basic Beginnings offers additional enrollment slots at our preschool tuition rates. Linford and Slade have a very limited number of slots that are available to over-income families at no charge. **We are unable to answer questions regarding the enrollment of Linford or Slade families who do not qualify.** Those decisions are made by Linford and Slade, so applications that do not qualify will be turned over to the program of your choice for consideration.

If you have questions, you may call (307)742-9332 or email me at laramietanfpreschool@gmail.com. I look forward to receiving your completed application!



Jan Lawrence, Albany County TANF Preschool Partnership

TANF PRESCHOOL ENROLLMENT APPLICATION 2021-2022

Your child is applying to participate in a state preschool program. The information being gathered will be kept confidential and only used for the purpose of the TANF Preschool Reporting to the state. Thank You!

As a reminder: Proof of income must be attached and incomplete forms cannot and will not be accepted.

Household Information

1. Name of Parent(s) or Guardian:		
2. Mailing Address:		
City:	State:	Zip Code:
3. Telephone: (_____) _____ - _____		
4. Child's Full Name:		
5. Child's Social Security Number _____ - _____ - _____		
6. Date of Birth: (mm/dd/yyyy) _____ - _____ - _____		
7. Place of Birth: city: _____ state: _____		
8. Income: (circle) a. Annual b. Monthly c. Bi-weekly d. Weekly		
9. Income Verified through: (circle) a. Wage stub b. 1040 or W-2-only for self-employed c. Other: _____		
10. Are you currently homeless yes or no _____		

Income, except from self-employment, must be **gross** (before any deductions) including taxes and Social Security). Income from self-employment, such as child care, should be **net**. Tax forms should be used for **self-employed persons only**.
To convert income to monthly: weekly income x 4.33; bi-weekly x 2.15; twice a month income x 2

Pay periods must be on income that shows 1 month of pay. If no income is reported, a written, signed and dated statement of no earned income *must* accompany this form.

Please print the first and last names of everyone living in your household, including all adults and children. <small>Put a √ next to the name of each child who will be claimed on the food program. You may attach an additional sheet if needed.</small>	age	monthly earnings from work	monthly child support, welfare, alimony	monthly SSI, Social Security, retirement, pension	monthly all other income (specify source)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

Certification Statement

I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of federal funds; that agency officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws. The signature on this application is that of an adult household member.

Signature _____ Today's Date (mm/dd/yyyy) _____

Have you completely filled in ALL sections, <u>attached pay stubs</u> and signed this form?	Yes	No
Is your child covered under KidCare?	Yes	No
Would you like to enroll to receive child health insurance services?	Yes	No

Eligibility Guidelines for TANF Money (Non-Assistance)

- TANF money shall only be used for one (1) or more of the following:
 1. Provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives;
 2. End the dependence of needy parents on government benefits by promoting job preparation, work and marriage;
 3. Prevent and reduce out-of-wedlock pregnancies; and establish annual numerical goals for preventing and reducing the incidence of these pregnancies; and
 4. Encourage the formation and maintenance of two parent families.
- Contractor shall be specific on what TANF purpose their program/service is addressing.
- Participants served shall be families with a child(ren) with income below 185% of the Federal Poverty Level (FPL).
- Participants also shall meet citizenship/eligible immigrant and residency criteria to be served.

Following are the 185% FPL monthly income guidelines effective **4/2021**:

	185% FPL	185% FPL
Household Size	Potential TANF eligible Monthly Income	Potential TANF eligible Yearly Income
1	1,985	23,828
2	2,685	32,227
3	3,385	40,626
4	4,085	49,025
5	4,785	57,424
6	5,485	65,823
7	6,185	74,222
8	6,885	82,621

For families/households with more than 8 persons, add \$8,399/ year for each additional person.

- Programs will be operated on a cost reimbursement basis.
- Administrative costs are limited to 10% of the program cost. Program costs are costs associated with the delivery of the service.
- Performance measures are required. The Contractor shall address how performance measures and data collection will occur to validate the program success.
- Reporting is also required when utilizing TANF funds. The following reports shall be required:
 - Monthly/quarterly program performance reports will address program outcomes, successes, challenges and client tracking;
 - Monthly/quarterly fiscal reports;
 - List of clients served each month; and
 - Final summary report.
- TANF funds shall not be used to provide individuals served by the projects with cash or check(s) payable directly to the individual(s) or credit card company gift cards.

I would like information on:

- Transportation
- Child Screenings Untitled event
- Child with Disability
- Child Care
- Chronic Health Problems/Disability
- Child Care Subsidy
- Depression/Mental Health Issues
- WIC (Women, Infants and Children Food Program)
- Domestic Violence
- Public Health
- English Language Learner
- Dental Services
- Counseling
- CLIMB (Training program for single Mothers)
- Food Stamps
- Parent Education
- GED
- Single Parenting
- Child Development
- Kindergarten Readiness
- Child Behavior
- Family Literacy or English Language classes
- Job service
- Other: _____

-This information may be shared for the purpose of data collection and will not be used to identify you or your child.

Zero Income Verification Statement

Child's Full Name _____ Parent/Guardian: _____

I am signing this letter to declare that I currently do not have any income from any source. My financial support comes from:

I also receive assistance from:

SNAP

Medicaid

WIC

Other: _____

I understand that by completing, signing and dating this form, I declare that I have no income and that the information I am providing is correct. I understand that providing false information may result in denial of services.

Parent/Guardian Signature

Date