

**TANF PRESCHOOL ENROLLMENT APPLICATION 2023-2024**

*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**

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

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)** \_\_\_\_\_

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

**Preschool Administrators:** All Forms may be sent electronically and are due to C/O Amy Reyes at the Wyoming Department of Education no later than September 15, 2022. Thank You!

**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 and annual income guidelines effective April 1, 2023:**

	<b>185% FPL</b>	<b>185% FPL</b>
<b>Household Size</b>	Potential TANF eligible Monthly Income	Potential TANF eligible Yearly Income
<b>1</b>	\$2,247.75	\$26,973.00
<b>2</b>	\$3,040.17	\$36,482.00
<b>3</b>	\$3,832.58	\$45,991.00
<b>4</b>	\$4,625.00	\$55,500.00
<b>5</b>	\$5,417.42	\$65,009.00
<b>6</b>	\$6,209.83	\$74,518.00
<b>7</b>	\$7,002.25	\$84,027.00
<b>8</b>	\$7,794.67	\$93,536.00

For families/households with more than 8 persons, add \$9,509/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, cash cards 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.