

Albany County TANF Preschool

Preferred Location : _____ Basic Beginnings NORTH

_____ Basic Beginnings SOUTH

_____ Developmental Preschool

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: To qualify for free preschool proof of income for one full month must be attached. Incomplete forms cannot be approved.

Household Information

Name of Parent(s) or Guardian:		Telephone:
Mailing Address:		
City:	State:	Zip Code:
Child's Full Name:		
Child's Social Security Number:		Date of Birth:
Primary Language spoken:		Race/Ethnicity:
Are you currently homeless? YES or NO Plan of Care:		
How often are you paid: (circle) a. Annual b. Monthly c. Bi-weekly d. Weekly e. No Income		
Income Verification type: (circle)		
a. Wage stub b. 1040 or W-2-only for self-employed c. Other:		
How many adults are living in your home?		
How many children are living in your home?		

Pay periods must be on income that shows 1 full month of pay.

If no income is reported, a written, signed and dated Zero Income Statement *must* accompany this form.

Please print the first and last names of everyone living in your household, including all adults and children. You may attach an additional sheet if needed. Please provide the SSN for each member of the household.	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) _____

<u>Have you completely filled in ALL sections, attached 1 full month of pay stubs and signed this form?</u>	Yes	No
<u>Is your child covered under KidCare?</u>	Yes	No
<u>Would you like to enroll to receive child health insurance services?</u>	Yes	No

Primary language spoken in the home *

- | | |
|---|--------------------------------|
| <input type="radio"/> Arapaho | <input type="radio"/> Chinese |
| <input type="radio"/> English | <input type="radio"/> French |
| <input type="radio"/> German | <input type="radio"/> Japanese |
| <input type="radio"/> Russian | <input type="radio"/> Shoshone |
| <input type="radio"/> Spanish | <input type="radio"/> Tagalog |
| <input type="radio"/> Decline to Answer | |
| <input type="radio"/> Other | |

Child Race/Ethnicity *

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Hispanic or Latino |
| <input type="checkbox"/> Middle Eastern or North African | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> White | <input type="checkbox"/> Decline to Answer |
| <input type="checkbox"/> Other | |

How were you referred to TANF? I.e. Search engine, case worker, friend/relative, other.

Is your family's current living situation due to a loss of housing or financial hardship?

*

- ☐ Yes
- ☐ No
- ☐ Other

Are there any siblings five years old or younger living in the household? *

- ☐ Yes
- ☐ No
- ☐ Other

Are you or the children in your care currently lacking a fixed, regular, and adequate nighttime residence? Which includes one of the following: • Place not meant for human habitation. • Living in a shelter (Emergency shelter, hotel/motel paid by government or charitable organization) *

- ☐ Yes
- ☐ No
- ☐ Other

- 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, 2025:**

	185% FPL	185% FPL
Household Size	Potential TANF eligible Monthly Income	Potential TANF eligible Yearly Income
1	2,408.00	28,897.00
2	3,261.00	39,128.00
3	4,109.00	49,303.00
4	4,956.00	59,478.00
5	5,804.00	69,653.00
6	6,952.00	79,828.00
7	7,500.00	90,003.00
8	8,348.00	100,178.00

For families/households with more than 8 persons, add \$9,953/year for each additional person.

I would like information on:

- ☐ Transportation
☐ Child Screenings
☐ 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