



## UPK Scholarship Income & Residency Verification Form 2020-2021

This form is required to document the parents' eligibility for a UPK scholarship based on their gross income and to document that families receiving scholarship assistance are residents of Cuyahoga County. Please attach the document(s) used to verify the parents' income and residency.

Child Care Provider: \_\_\_\_\_

Name of Child: \_\_\_\_\_

Date: \_\_\_\_\_

Document used to verify Caretakers' Total Family Gross Income (please attach):

Check one:      Weekly \_\_\_\_\_  
                          Bi-Weekly \_\_\_\_\_  
                          Monthly \_\_\_\_\_  
                          Bi-Monthly \_\_\_\_\_  
                          Annually \_\_\_\_\_

Check all that apply:

- \_\_\_\_\_ Two most recent check stubs (PREFERRED)
- \_\_\_\_\_ Prior year's tax return **AND** IRS Form W-2
- \_\_\_\_\_ Documentation for all unearned income (award letter and/or summary statement)
- \_\_\_\_\_ Statement/documentation of self-employment
- \_\_\_\_\_ A copy of the child care authorization letter for subsidized care (Only if \$0 co-pay)

If caretaker did not provide child care authorization letter, residency was documented by (please attach):

Check one:

- \_\_\_\_\_ Most recent check stub with home address
- \_\_\_\_\_ Current form of identification with address
- \_\_\_\_\_ Current utility bill

Total Family ANNUAL Gross Income:  
 (Calculate from above OR Based on Line 22 from IRS 1040 Tax Return)

Family Size:

Note: Annual Family Gross Income and family size must be entered into COPA.

Indicate where the caretakers' ANNUAL GROSS income falls on the Federal Poverty Level Scale (refer to table below)

- Check one
- \_\_\_\_\_ Below 100% FPL
  - \_\_\_\_\_ Below 200% FPL
  - \_\_\_\_\_ Below 300% FPL
  - \_\_\_\_\_ Below 400% FPL
  - \_\_\_\_\_ Above 400% FPL

I attest that all income and residency information is true and accurate, and I will inform the provider of any changes. I understand that by submitting this information my child is entitled to scholarship assistance of one-half of the parent fee if my income is below 200% of the FPL; or scholarship assistance of thirty-three percent of the parent fee if my income is more than 200% FPL but less than 300% of the FPL.; or scholarship assistance of twenty-five percent of the parent fee if my income is more than 300% FPL but less than 400% of the FPL.

X \_\_\_\_\_  
 Parent Signature

### 2020 Federal Poverty Guidelines – Annual Gross Income

	100%	200%	300%	400%
1	\$12,760	\$25,520	\$38,280	\$51,040
2	\$17,240	\$34,480	\$51,720	\$68,960
3	\$21,720	\$43,440	\$65,160	\$86,880
4	\$26,200	\$52,400	\$78,600	\$104,800
5	\$30,680	\$61,360	\$92,040	\$122,720
6	\$35,160	\$70,320	\$105,480	\$140,640
7	\$39,640	\$79,280	\$118,920	\$158,560
8	\$44,120	\$88,240	\$132,360	\$176,480

\*For families/households with more than 8 persons, add \$4,480 for each additional person

Office Use Only:

Eligible \_\_\_\_\_ Ineligible \_\_\_\_\_

Scholarship Rate:

50% \_\_\_\_\_ 33% \_\_\_\_\_ 25% \_\_\_\_\_

Date \_\_\_\_\_

Starting Point

4600 Euclid Avenue Suite 500  
Cleveland, Ohio 44103  
(216) 575-0061

**ACKNOWLEDGEMENT OF RECEIPT OF THE  
NOTICE OF PRIVACY PRACTICES**

Acknowledgement of Receipt of Privacy Practices: I, the undersigned, acknowledge that I have received and have been given the opportunity to review the Cuyahoga County Universal Pre-Kindergarten program Notice of Privacy Practices. I understand that I will be given additional copies of this Notice of Privacy Practices any time at my request.

Please list children enrolled ages 3 to 5 years (not in kindergarten) SITE: \_\_\_\_\_

First Name	Middle Name	Last Name	Date of Birth

Name of Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone ( ) - - ( ) - -  
Home Work

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

Original: UPK/PRE4CLE file

Copy: Starting Point  
Attn: Julia Garber  
4600 Euclid Avenue, Suite 500  
Cleveland, OH 44103

Copy: Parent



## Universal Pre-Kindergarten Health Screening Requirement Acknowledgement Form

Dear Parent(s)/Caregiver,

As part of the Universal Pre-Kindergarten program your child must have certain health screenings. These screenings may help prevent future problems with your child's health. Some of these screenings may be offered by your child's preschool. If not, a list of resources is attached for those screenings that may not be provided by your child's preschool.

Thank you!

Below is a list of required screenings

- ❖ Lead screening
- ❖ Hematocrit/Hemoglobin screening
- ❖ Dental screening
- ❖ Vision screening
- ❖ Hearing screening

Your signature below verifies that you are aware of the medical screenings your child needs; confirms that you received the necessary forms for your doctor or dentist to complete; and confirms that you received the list of local resources available to assist you with completing the medical screenings.

\_\_\_\_\_  
Parent/Caretaker

\_\_\_\_\_  
Date

\_\_\_\_\_  
Site Manager/Representative

\_\_\_\_\_  
Date

**Original to Parent**

**Copy to Child's File**