

UPK Scholarship Income & Residency Verification Form 2021-2022

UPK Parents are to submit this form directly to the UPK childcare provider. 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.

UPK Program Name & Classroom: _____

Date: _____

UPK Student Name: _____

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 childcare authorization letter for subsidized care (Only if \$0 co-pay)

If caretaker did not provide childcare 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 9 from IRS 1040 Tax Return)

Family Size:

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



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 (over income)

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 fifty percent of the parent fee if my income is less than 200% of the Federal Poverty Level (FPL); or scholarship assistance of thirty-three percent of the parent fee if my income is more than 200% of the FPL but less than 400% of the FPL.

X _____
 Parent Signature

2021 Federal Poverty Guidelines – Annual Gross Income

Scholarship Rate	50%		33%	
	100%	200%	300%	400%
Household Members				
1	\$12,880	\$25,760	\$38,640	\$51,520
2	\$17,420	\$34,940	\$52,410	\$69,880
3	\$21,960	\$43,920	\$65,880	\$87,840
4	\$26,500	\$53,000	\$79,500	\$106,000
5	\$31,040	\$62,080	\$93,120	\$124,160
6	\$35,580	\$71,160	\$115,740	\$142,320
7	\$40,120	\$80,240	\$120,360	\$160,480
8	\$44,660	\$89,320	\$133,980	\$178,640

Office Use Only:

Eligible: _____ Ineligible: _____

Scholarship Rate:

50%: _____ 33%: _____

Date: _____

* For families/households with more than 8 persons, add \$4,540 for each additional person. ** The 2021 poverty guidelines are in effect as of January 13th, 2021. For additional information on Federal Poverty Guidelines, please visit: federalregister.gov

Revised: 7/29/2021

THE FOLLOWING INSTRUCTIONS ARE FOR UPK PROVIDERS ONLY:

- The original income/residency application shall be placed in the student's file.
- To submit this application via email (*preferred*): Scan this form and all relevant documents and email to Daniel Moss at Invest In Children: daniel.moss@ifs.ohio.gov. Please include the word **SCHOLARSHIP** in the subject line. (*This form must be included to ensure timely processing.*)
- To submit this application via mail: Please send to **Daniel Moss, UPK Program Manager, 8111 Quincy Ave. 2nd Floor, Cleveland, OH 44104**

Starting Point

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

**ACKNOWLEDGEMENT OF RECEIPT OF THE
NOTICE 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.

Preschool Provider: _____

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

First Name	Middle Name	Last Name	Date of Birth

Name of Parent/Guardian _____

Address _____

Telephone () _____
Home

() _____
Work

Signature _____

_____ Date

Print Name _____

Original: UPK/PRE4CLE file

Copy 1: Starting Point
Attn: Julia Garber
4600 Euclid Avenue, Suite 500
Cleveland, OH 44103

Copy 2: Parent



CUYAHOGA COUNTY
Invest in Children



Universal Pre-Kindergarten Health Screening Resources

Universal Pre-Kindergarten Health Screening Requirement Acknowledgement Form

Dear Parent(s)/Caregiver,

As part of the Universal Pre-Kindergarten program your child may be asked by the provider to have certain health screenings. These health screenings are not mandatory for UPK admission; however certain 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 be provided by your child's preschool.

Thank you!

Below is a list of recommended screenings that may be asked for by the provider:

- ❖ 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.

Child's Name

Parent/Caretaker

Date

Site Manager/Representative

Date

Original to Parent

Copy to Child's File



**Cuyahoga County Universal Pre-Kindergarten Program
NOTICE OF PRIVACY PRACTICES**

This notice describes how information about your child's experience in the Cuyahoga County Universal Pre-Kindergarten (UPK) program, administered by the Office of Early Childhood, may be used and disclosed. Please review this information carefully. If you have questions about this notice or wish to request additional copies, please contact the Office of Early Childhood at (216) 443-2215.

I. Who is subject to this notice:

This notice describes the practices of the UPK program and that of:

1. Cuyahoga County Office of Early Childhood
2. Starting Point
3. The UPK preschool provider your child attends
4. Case Western Reserve University (business associate)
5. Teaching Strategies/ReadyRosie
6. Educational Services Center of Cuyahoga County
7. PRE4CLE

II. Our pledge:

We understand that information about your child's experience in the UPK program is personal and we are committed to protecting that information. A record of your child's UPK experience is created in order to provide your child with a high-quality experience and to help us make improvements to the program. This notice applies to all records created by your child's UPK provider. This notice will tell you about the ways in which we use the information gathered on your child.

III. Examples of the types of information we collect:

1. Age, gender, race, and ethnicity of your child
2. Street address
3. Email address
4. Attendance and enrollment information
5. Assessments of your child
6. Parent involvement in UPK activities
7. Child's special needs, if applicable
8. Child's height and weight
9. Other

IV. Uses:

Information collected about your child and their UPK experience may be used and disclosed as follows:

1. By his/her teacher to create a unique learning plan for your child
2. By your provider to prepare regular invoices to you for UPK services

3. By your provider to prepare invoices to the OEC to be reimbursed for the services provided to your child.
4. By your provider to refer your child to additional services in the community
5. By the OEC, and their business associate at CWRU, to run the program and make improvements
6. By Starting Point to plan support for your UPK provider and to help your UPK provider make improvements to the programs and services you and your child receives
7. Email addresses only: By the OEC, and their business associate Pascal Learning Inc./Ready Rosie, to provide parents with brief videos that will help them prepare their children for school. Parents may unsubscribe from the electronic delivery of these emails at any time.
8. Email addresses only: By the ESC and Starting Point, to provide electronic newsletters. Parents may unsubscribe from the electronic delivery of those emails at any time.

V. Your rights regarding your child's UPK records:

1. You are allowed to inspect and make copies of any records created about your child
2. You are allowed to amend your child's record if you feel that there is information in it that is wrong.
3. You are allowed to request restrictions or limitations on the uses of the information collected about your child. To request restrictions, you must make your request in writing to the Director of the Office of Early Childhood at the address below. All parent requests will be responded to in writing.

VI. Changes to this notice:

We reserve the right to make changes to this notice. If this notice changes, you will be advised and furnished with a copy of the revised notice.

VII. Effective date of this notice:

The effective date of this notice is August 1, 2021.

VIII. Contact information

If you have any questions or concern, please contact Shawna Rohrman:

Shawna Rohrman, Evaluation Manager
Office of Early Childhood/Invest in Children
8111 Quincy Avenue, second floor
Cleveland, OH 44104
216-698-7596