

2025-2026 Wayne County GSRP Intake Application

These materials were developed under a grant awarded by the Michigan Department of Lifelong Education, Advancement and Potential (MiLEAP).

Federal Poverty Level (FPL): _____

Total Number of Eligibility Factors: _____

Child's Name: _____

Date of Birth: _____ Place of Birth: _____

Home Language: _____ Gender: _____

Parent/Guardian Name: _____

Parent/Guardian Name: _____

Licensed Site Name: _____

Teacher Name: _____

****Staff MUST initial next to each document as it is received from the parent/guardian.****

Enrollment File		Family Engagement File
<u>GSRP Forms required before enrollment:</u>		ASQ-3 Summary Sheet: Date Entered into system: _____
GSRP Intake Application Date Received: _____		COR or GOLD Report Dates: 1 _____ 2 _____ 3 _____
Income Documentation (If applicable) Type: _____ Date Received: _____		Individualized Development Plan Dates: _____
Birth Certificate or Alternative* Type: _____ Date Received: _____		CACFP or NSLP Participant Form
Parent Identification Type: _____ Date Received: _____		McKinney-Vento Form (If applicable)
<u>Licensing Forms required before enrollment:</u>		Additional Documents used by subrecipient
Child Information Record Date Received: _____		<u>Eligibility Factors: Check all that apply</u>
Immunizations Date Received: _____		
Written Information Packet Documentation Date Received: _____		1 ____ 2 ____ 3 ____ 4 ____ 5 ____ 6 ____ 7 ____
<u>Licensing Form due within 30 calendar days of start date:</u>		EF Documentation: _____
Health Appraisal Date Received: _____		EF Documentation: _____

*See [Eligibility Factors Defined](#) document for acceptable alternatives and for information about what documentation is acceptable.

Application

GSRP Child

Child's Name: _____

Child's Address: _____ City: _____ Zip Code: _____

Which of the following is the student's race (if multi-racial, place a check mark for each that applies):

American Indian or Alaska Native _____ Black or African-American _____ White _____
Asian American _____ Native Hawaiian or other Pacific Islander _____ Hispanic or Latino _____

Parent/Guardian

Name: _____

Address (if not child's address): _____ City: _____ Zip Code: _____

Home Phone: _____ Cell: _____ Work: _____

E-mail address: _____

Marital Status: Married _____ Single _____ Divorced _____ Widowed _____ Separated _____

Employment Status: Unemployed _____ Part Time _____ Full Time _____ Seasonal _____

Parent/Guardian

Name: _____

Address (if not child's address): _____ City: _____ Zip Code: _____

Home Phone: _____ Cell: _____ Work: _____

E-mail address: _____

Marital Status: Married _____ Single _____ Divorced _____ Widowed _____ Separated _____

Employment Status: Unemployed _____ Part Time _____ Full Time _____ Seasonal _____

Who has legal custody of the child?

Mother _____ Father _____ Foster Care _____ Legal Guardian _____ Grandparent _____

If guardian or foster parent (other than biological parent), please complete:

Legal Guardian's Name(s): _____ Case Number: _____

How did you hear of the Great Start Readiness Program?

Radio Ad _____ TV Ad _____ Billboard _____ Flyer _____ Email _____

Digital Ad _____ Print Ad _____ Social Media _____ Family/Friend _____

Other _____, please explain _____

Income Verification

- To calculate the Federal Poverty Level use the [Federal Poverty Level Calculator](#).
- Families at or below 400% automatically qualify for Eligibility Factor 1.**
- Over-income (at or above 401%): must be [prioritized](#) based on FPL percent. See [Income Eligibility Guidelines](#) for more information.
- If a family provides income that is 2xM: multiply it by 2 to get a monthly amount which can be entered into the calculator.
- If a family provides documentation with two different pay frequencies, calculate them to be the same pay frequency. For example: if mom gets **monthly** income and dad gets **biweekly** income, multiply mom's amount by **12** and dad's amount by **26**, then add them together to get the total (i.e. \$700 x 12 months = \$8,400; \$300 x 26 = \$7,800; \$8,400 + \$7,400=\$15,800 annually).

List ALL household members for which you are financially responsible (include self, other adults, and children).					
Name	Relationship to Child	Age	Name	Relationship to Child	Age
	GSRP Child				

Income Verification: EF-1 (Family qualifies for EF-1 if 400% of the FPL or lower)

Income Type*:		Frequency:		Gross Pay Amount:	
Income Type:		Frequency:		Gross Pay Amount:	
Income Type:		Frequency:		Gross Pay Amount:	
Income Type:		Frequency:		Gross Pay Amount:	
Total income from all sources:					

Total Number Supported: _____ Total income from all sources: _____

Federal Poverty Level (FPL): _____ Is this family at or below 400% FPL: **Yes** _____ **No** _____

Income-eligible for: _____ **Head Start (<100%)** _____ **GSRP (101-400%)** _____ **OI (>401%)**

Documentation of No Income *(complete only if parent has no income)*

____ I affirm that I do not receive income from any source _____ I am a student

____ I am supported by family members _____ Other: _____

Parent/Guardian's Name: _____ Date: _____

Parent/Guardian's Signature: _____

<100% FPL: I understand that my family qualifies for Head Start and acknowledge that I have been given information regarding Head Start services and locations and that my name and phone number can be shared with local Head Start agencies.

Eligibility Factors (EF)

Guidance: The bolded responses mean that the family qualifies for that eligibility factor.

Child's Name: _____

EF-2

Has your child been diagnosed with a disability or developmental delay? **Yes** _____ No _____

If YES, please explain: _____

Parents **MUST** provide the most current IEP to the GSRP office during the application process.

EF-3

Has your child been expelled from preschool or a childcare center? **Yes** _____ No _____

EF-4

Is the GSRP child from a multi-lingual home?: **Yes** _____ No _____

What language is spoken in your home? _____

EF-5

Did one or both parents/guardian complete high school/GED? **Yes** _____ **No** _____

If only one parent/guardian completed high school/GED, mark **NO**.

EF-6

Has someone in your home ever been a victim of abuse and/or neglect? **Yes** _____ No _____

EF-7: If a family answers yes to any or all of these questions it is considered ONE EF-7

Has your child lost a parent due to death, divorce, incarceration, military service, or absence? **Yes** _____ No _____

Does your child have a sibling with: a chronic illness, behavior issues, a disability? **Yes** _____ No _____

Has your child lost a sibling? **Yes** _____ No _____

Were one or both parents teen parents when your *first child* was born? **Yes** _____ No _____

Do you live in a high-risk neighborhood? **Yes** _____ No _____

High-risk neighborhood includes:

Daily exposure to environmental pollutants (lead, rodents, insect infestations)

High crime

Violence

Risk for injury

Drug abuse

High death rates

Unsafe or crowded housing

Lack of utilities

No space for children's play

Has your child been exposed to toxic substances, either before birth or after? **Yes** _____ **No** _____

Toxic substances include:

Fetal Alcohol Syndrome

Children born addicted

Environmentally-induced respiratory problems

Did the family answer yes to any of the EF-7 questions above? **Yes** _____ **No** _____

Eligibility Factors: 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ Total Number of EFs: _____

By signing this application, you certify that the information given is true and accurate to the best of your knowledge.

Parent/Guardian's Name (please print): _____

Parent/Guardian's Signature: _____ Date: _____

By signing this intake application, I certify that I completed this form with the parent/guardian and the information is correct to the best of my knowledge.

Staff Name (please print): _____

Staff Signature: _____ Date: _____