



Universal Pre-Kindergarten Child+ Application



Application Date: _____

Child's Name: First _____ Middle _____ Last _____ Birth Date: _____

Gender: (Circle One) Male Female Nonbinary Transgender Unknown or Decline to State

Race: (Circle One) American Indian Asian Black or African American Multi-racial/Biracial Native Hawaiian/Other Pacific Islander Other Unspecified White

Hispanic/Latino: Yes/ No

Child's Primary Language: (Circle one) English, African Language, American Sign Language, Arabic, Dutch, Far East Asian Language, French, Khmer, Korean, Middle Eastern Language. Other, Romanian, Russian, Spanish, Turkish, Vietnamese.

Disability (if applicable): _____ Circle Any Plan Applicable: IEP/IFSP/NCP

Primary Caregiver Name: First _____ Middle _____ Last _____ Birth Date: _____

Gender: (Circle One) Male Female Nonbinary Transgender Unknown or Decline to State

Race: (Circle One) American Indian Asian Black or African American Multi-racial/Biracial

Native Hawaiian/Other Pacific Islander Other Unspecified White

Child's Relationship: (Circle One) Biological/Adopted/Step Foster Grandchild Other Other Relative

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Cell Phone Number: _____

Primary Caregiver's Primary Language: (Circle one) English, African Language, American Sign Language, Arabic, Dutch, Far East Asian Language, French, Khmer, Korean, Middle Eastern Language. Other, Romanian, Russian, Spanish, Turkish, Vietnamese.

Educational Level (Circle one)

- Associate's Degree
- Bachelor's Degree
- College Degree/Training Cert.
- College or Advance Training
- General Education Diploma
- Grade 10
- Grade 11
- Grade 12
- Grade 9 or less
- High School Graduate
- Master's Degree

Employment Status: (Circle one)

- Full-time & Training
- Full-time (35 hours/week or more)
- Homemaker
- Part-time & Training
- Part-time (Under 35 hours/week)
- Retired or Disabled
- Seasonally Employed
- Self Employed
- Training or School
- Unemployed



Universal Pre-Kindergarten Child+ Application



*****Secondary caregiver is not mandatory; however if you want to enter a secondary caregiver you have to enter all the same data as for a primary caregiver.

Secondary Caregiver Name: First _____ Middle _____ Last _____ Birth Date: _____

Gender: (Circle One) Male Female Nonbinary Transgender Unknown or Decline to State

Race: (Circle One) American Indian Asian Black or African American Multi-racial/Biracial

Native Hawaiian/Other Pacific Islander Other Unspecified White

Child's Relationship: (Circle One) Biological/Adopted/Step Foster Grandchild Other Other Relative

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone Number: _____ **Cell Phone Number:** _____

Secondary Caregiver's Primary Language: (Circle one) English, African Language, American Sign Language, Arabic, Dutch, Far East Asian Language, French, Khmer, Korean, Middle Eastern Language, Other, Romanian, Russian, Spanish, Turkish, Vietnamese.

Educational Level (Circle one)

- Associate's Degree
- Bachelor's Degree
- College Degree/Training Cert.
- College or Advance Training
- General Education Diploma
- Grade 10
- Grade 11
- Grade 12
- Grade 9 or less
- High School Graduate
- Master's Degree

Employment Status: (Circle one)

- Full-time & Training
- Full-time (35 hours/week or more)
- Homemaker
- Part-time & Training
- Part-time (Under 35 hours/week)
- Retired or Disabled
- Seasonally Employed
- Self Employed
- Training or School
- Unemployed

Homeless Family: (Circle One) Yes/No

Parental Status: (Circle One) One parent Family Two Parent Family

Family Income* (required for families who receives scholarship) _____

Number in Family _____ **Number in Household** _____

UPK Scholarship Income & Residency Verification Form 2021-2022

Parents/Guardians are to submit this form directly to the UPK school where the student will be attending. 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 School Name: _____

Date: _____

UPK Student Name: _____

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

Check one: Weekly _____
 Bi-Weekly _____
 Monthly _____
 Bi-Monthly _____
 Annually _____

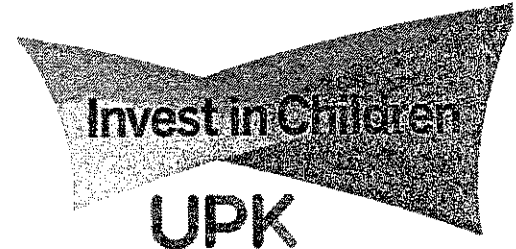
Check all that apply:

- _____ 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: 10/1/2021

THE FOLLOWING INSTRUCTIONS ARE FOR UPK SCHOOL STAFF 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 Rebekah Dorman at Invest in Children: rebekah.dorman@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 **Rebekah Dorman, Director, 8111 Quincy Ave. 2nd Floor, Cleveland, OH 44104**



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

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

UPK Resources Survey

UPK Program:

Date:

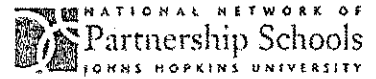
Name and Contact Information (*Optional*):

Please identify your status: 1) parent/guardian 2) staff member 3) director

Please let us know if you are interested in getting more information about any of the following services. Please circle all of the community services of interest to you.

1. Primary Medical Care/Medical Home
2. Dental Care
3. Food Pantries
4. Employment
5. Senior Services
6. Literacy Programs
7. Adult Education
8. Bright Beginnings/Services for Infants/Toddlers
9. Respite Care
10. Counseling
11. Support Group (Please identify type: _____)
12. Financial Planning
13. Transportation
14. Youth Services/Out of School Time Care/Activities
15. Clothing
16. Housing and/or Foreclosure concerns (please specify)
17. Home Needs/Appliances
18. Parenting Education
19. Legal Services
20. Other, please describe, and feel free to use reverse side of this paper:

Family Engagement Parent Interest Survey



Please print

Child's First and Last Name: _____

Parent/Guardian First and Last Name: _____

Parent/Guardian Phone Numbers: Home: _____ Cell: _____ Work: _____

Email address: _____

Parent/Guardian First and Last Name: _____

Parent/Guardian Phone Numbers: Home: _____ Cell: _____ Work: _____

Email address: _____

Best way to reach you: _____

Best Time(s)/Day(s) you are available to volunteer: _____

Do you have any special skills/hobbies you can share as part of our classroom program? These may include, but not limited to, electrical knowledge, fishing, cooking, building, camping, art, sports, speaking a new language to the children, culture, etc.

Would you be willing to share information regarding your job with your child's class? _____ Yes _____ NO

I work at _____ and I am a _____.

(Employer)

(Job title)

Do you have an association with any special places in the community that we may visit or they may visit our class? For example; Library, Zoo, Dance Studio, Bank, etc.

Yes, I can arrange a visit to:

Yes, I can arrange a visit from:

Do you know of other individuals in the community (friends, relatives, co-workers) who have a special hobby or talent they could share with our class?

Yes, I have a _____ that would be willing to share _____.

(Relationship)

(Hobby/Talent)

How would you like to participate in our program?

____ Share a special skill/interest: _____

____ Assist with classroom activities: _____

____ Help us for special events: _____

____ Other: _____





CUYAHOGA COUNTY
Invest in Children

**Reference*
Keep @ home



Universal Pre-Kindergarten Health Screening Resources

Medical Services (Immunizations, Lead Screening, Well Child Visits)

Name	Address	Phone Number	Payment Method
Cleveland Department of Public Health Services: <i>Immunizations and Lead Screening (must make apt in advance), Covid vaccine, Reproductive health screenings</i>	The City of Cleveland Health Centers: • J. Glen Smith Health Center-11100 St. Clair Ave., Cleveland, OH 44108 • Thomas F. McCafferty Health Center - 4242 Lorain Ave., Cleveland, OH 44113 Lead Safe Living Hotline	216-664-7095 216-651-5005 216-263-5323	Private insurance; Sliding fee scale. If no insurance, patients are referred for enrollment in Medicaid or Marketplace
Cuyahoga County Board of Health Services: <i>Immunizations and Lead Screening</i>	5550 Venture Rd., Parma, OH 44130	216-201-2041	Medicaid accepted Call for an appointment and information regarding non-Medicaid payment options (Lead screening once a month by appointment)
Northeast Ohio Neighborhood Health Services, Inc. Services: <i>Dental, Immunizations, Lead Screening, OBGYN, Pharmacy, Behavioral, Podiatry, Covid testing and vaccination</i> Provides all medical services (functions as a medical home)	• East Cleveland Health Center-15201 Euclid Ave., East Cleveland, OH 44112 • Superior Health Center-12100 Superior Ave., Cleveland, OH 44106 • Southeast Health Center-13301 Miles Ave., Cleveland, OH 44105 • Norwood Health Center-1468 E. 55 th St., Cleveland, OH 44103 • Hough Health Center-8300 Hough Ave., Cleveland, OH 44103 • Collinwood Health Center-15322 St. Clair Ave., Cleveland, OH 44110 • Miles/Broadway Health Center-9127 Miles Ave., Cleveland, OH 44105 • St. Clair Health Center-10505 St. Clair Ave., Suite 101, Cleveland, OH 44108	216-541-5600 216-851-2600 216-751-3100 216-881-2000 216-231-7700 216-851-1500 216-325-6544 216-325-6556	Medicaid; private insurance and has a discounted fee structure based on family size and income *Central Intake: 216-231-7700, press 4 for pediatrics. Please call to verify most up-to-date location availability.
Care Alliance Health Care Services: <i>Dental, Immunizations, Lead Screening, Behavioral, Covid testing and vaccination</i> Provides all medical services (functions as a medical home)	• Central Neighborhood Clinic- 2916 Central Ave., Cleveland, OH 44115 • St. Clair Clinic- 1530 St. Clair Ave., Cleveland, OH 44114	216-535-9100 216-535-9100	Medicaid and Sliding scale
Circle Health Services Services: Dental, Behavioral, Immunizations, Lead Screening Provides acute care (No specialty) (functions as a medical home)	• Uptown- 12201 Euclid Ave., Cleveland, OH 44106 • East- 4400 Euclid Ave., Cleveland, OH 44103 • West- 3929 Rocky River Dr., Cleveland, OH 44111	Appointment line: 216-325-WELL	Medicaid; private insurance; and sliding fee scale



Universal Pre-Kindergarten Health Screening Resources

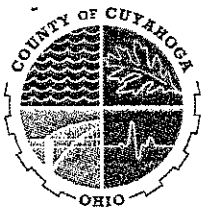
Pediatric Dental

Provider Name	Address	Phone Number	Payment Method
CWRU School of Dental Medicine Early Childhood Dental Program*	9601 Chester Ave., Cleveland, OH 44106	216-368-6185	Medicaid; Private insurance needs to be paid at point of service with patient submitting to insurance
Tapper Dental Center at University Hospitals	Rainbow Babies and Children's Hospital 5805 Euclid Ave., Cleveland, OH 44103	216-844-3080	Medicaid and Private Insurance
Tri-C's Dental Hygiene Clinic <i>Preventative Treatment Only</i>	2900 Community College Ave., MetroHealth Careers and School (MHCS), Rm.127, Cleveland, OH 441155	216-987-4413 Call for an appointment	Cash or check only; No insurance accepted \$10- Children 17 yrs. and younger; \$15- ages 18 and up; \$10 for X-RAY (if needed)
MetroHealth Medical Center	<ul style="list-style-type: none"> • Ohio City Dental Clinic, 3701 Lorain Ave., Cleveland, OH 44109 • Old Brooklyn Campus-4229 Pearl Rd., Cleveland OH 44109 • Broadway Health Center- 6835 Broadway Ave., Cleveland, OH 44105 	216-957-1850	Medicaid; Private insurance; Sliding fee scale
Northeast Ohio Neighborhood Health Services, Inc.	(NEON does provide pediatric dental services- details above)		
Care Alliance Health Care	(Care Alliance does provide pediatric dental services -details above)		
St. Luke's Dental Practice	11201 Shaker Blvd., Cleveland, OH 44104	216-368-7238 Call for an appointment	Medicaid; Private Insurance

Hearing, Speech & Vision

Name	Address	Phone Number	Payment Method
Cleveland Hearing & Speech Center	<ul style="list-style-type: none"> • 11635 Euclid Ave., Cleveland, OH 44106 • 5084 Mayfield Rd., Lyndhurst, OH 44124 • 7000 Town Dr.#200, Broadview Hts., OH 44147 • 29540 Center Ridge Rd., Westlake, OH 44145 	216-231-8787 216-382-4520 440-838-1477 440-455-9898	Medicaid; Private Insurance; Sliding fee scale
Prevent Blindness Ohio-Northeast OH Chapter* (trains providers on how to screen)	Hillcrest Medical Building#1- 6803 Mayfield Rd., Suite 111, Cleveland, OH 44124	800-331-2020 Or 440-720-1285	**does not provide vision screening to individuals; works with centers

* Resources that will train staff and/or come to your location to conduct tests and screenings on children
 Please remember to call 2-1-1 for additional information on resources available in Cuyahoga County.
 Please call providers listed above for additional information.



CUYAHOGA COUNTY
Invest in Children



Universal Pre-Kindergarten Health Screening Resources

Know what your child's blood lead test results mean:

Lead can cause problems with learning, hearing, speech and behavior.

What should I do if I think there is lead in my home?	Contact your local health department to schedule an inspection right away! <i>(see the helpful numbers and websites at the bottom of this page)</i>
Avoid dry dusting or sweeping. Wet mop all floors and window sills.	Make sure your children wash their hands often.
Plant grass to cover bare dirt in the yard. Wash toys when they have been on the ground.	Duct tape over any cracking or peeling paint until a qualified professional removes repairs or covers the lead paint.

What do the lead levels mean and what should I do if my child shows and elevated lead level?	
Blood Lead Value 0-4	<ul style="list-style-type: none"> Your child should be tested for lead once a year until they turn 6 years old. Lead levels less than 5 mean there is low level lead exposure Call your health department to learn more about lead and how to make your home lead safe.
5-9	<ul style="list-style-type: none"> Your child will need a blood test every 2-3 months until the level is less than 5. Schedule this follow-up testing with your doctor's office. A case manager will call or send you a letter with advice about your child's lead level. The other children under 6 years old in your home need to be tested also.
10-19	<ul style="list-style-type: none"> Your child will need a blood test in 1-2 months, and then repeat testing until the number is less than 5. Schedule this follow-up testing with your doctor's office. A case manager from the health department will call to talk about your child's lead level and help you learn more about lead. The health department will want to check your home for lead.
20-44	<ul style="list-style-type: none"> You child will need a blood test in 2-4 weeks, and then repeat testing until the number is less than 5. Schedule this follow-up testing with your doctor's office. A case manager from the health department will talk to you by phone to let you know what to do for your child. Your home may be checked for lead by the health department.
45 or Higher	<ul style="list-style-type: none"> YOUR CHILD <u>MUST GO SEE A DOCTOR OR GO TO THE HOSPITAL TODAY.</u> Your child must be treated with a special medicine to help lower their lead level. Repeat testing 3-4 weeks after treatment. Re-treatment may be necessary. Your home must be checked for lead by the health department as soon as possible. A case manager from the health department can visit your home or talk to you by phone to let you know what to do for your child.

Rainbow Babies and Children's Hospital - www.Rainbow.org/lead
Telephone: 216-844-LEAD (5323)

Cuyahoga County Board of Health Child Lead Poisoning and Prevention Program - <http://www.ccbh.net/lead-poisoning>
Telephone: 216-201-2000 ext. 1215

Cleveland Division of Public Health Lead Safe Living - http://www.clevelandhealth.org/network/enviornment/lead_safe_living.php
Telephone: 216-263-5323

City of Cleveland Lead Hazard Control Program -
<http://www.city.cleveland.oh.us/CityofCleveland/Home/Government/CityAgencies/CommunityDevelopment/DivisionofNeighborhoodServices/LeadHazardControlProgram>
Telephone: 216-263-5323

Ohio Department of Health Lead Poisoning Prevention Program - https://www.odh.ohio.gov/odhprograms/eh/lead_ch/leadch1.aspx
Telephone: 1-877-LEADSAFE (532-3723)

United States Environmental Protection Agency (EPA) - <https://www.epa.gov/lead>
Centers for Disease Control and Prevention (CDC) - <http://www.cdc.gov/nceh/lead>



**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