

Hampton Roads Mixed Delivery Application Form

Three and four-year old children in the cities Chesapeake, Norfolk, Portsmouth, Suffolk, and Virginia Beach who meet the qualifications for Virginia Preschool (VPI) Initiative and not currently enrolled in VPI or Head Start are eligible to participate in the Hampton Roads Mixed Delivery Preschool Collaborative. Please complete the following information to see if your child may be eligible to attend one of the high-quality child care centers listed below with free tuition.

Please indicate which of the following preschool settings you would like for your child to be considered for:

Blue Ribbon Results Child Care (3 and 4 year olds)

883 Norfolk Square

Norfolk, VA 23504

Return application to: Dr. Sheila Tillett Holas sheila@blueribbonresults.org

Children's Harbor (select location below) (3 and 4 year olds)

_____ 2400 Strawberry Lane
Chesapeake, VA 23324

_____ 1900 Llewellyn Avenue
Norfolk, VA 23517

_____ 620 London Street
Portsmouth, VA 23704

_____ 1020 Champion's Way
Suffolk, VA 23435

Return applications to: Wayne Bell or Regina Crawley wayne@childrensharbor.cc
regina@childrensharbor.cc

Norfolk State University Preschool Academy (3 year olds only).

700 Park Avenue

Norfolk, VA 23504

Return application to: Dr. Navine Fortune npfortune@nsu.edu

Armed Services YMCA (children of military personnel only) (4 year olds only)

1465 Lakeside Road

Virginia Beach, VA 23455

Return applications to: Laura Baxter or Tessa Davis lbaxter@asymca.org tdavis@asymca.org

Virginia Beach Parks and Recreation (select location below)

_____ Williams Farm (3 and 4 year olds)

5252 Learning Circle

Virginia Beach, VA 23462

_____ Bow Creek (3 year olds only)

3427 Club House Road

Virginia Beach, VA 23452

Return application to: Iris Hatten ihatten@vbgov.com

Application should be returned to the center you indicated above. If they do not have additional Mixed Delivery Spaces in their center, we will seek to find placement in another center listed above. The number of spaces at each center are limited and will be filled with eligible candidates as availability allows.

Contact Information: Kristen Carter CarterKj@evms.edu or 757-446-7248

Child's First, Middle and Last Name:	Child's Birthdate	Mother or Legal Guardian Name:	Father or Legal Guardian Name:
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Parental Status (Legal Custody of Child):	Child Lives with:	Address	Address
<input type="checkbox"/> Mother <input type="checkbox"/> Father	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Sole Custody:	Physical Custody:	Joint Custody:	Day Phone Number(s):
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Evening Phone Number(s):	Email Addresses	# of members in family:	# of members in household:
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

Is your family currently receiving any of the following forms of income and/or assistance? (Check all that apply).

<input type="checkbox"/> TANF (Temporary Assistance for Needy Families)	<input type="checkbox"/> SSI(Supplemental Security Income)	<input type="checkbox"/> Unemployment Benefits
<input type="checkbox"/> Child Support	<input type="checkbox"/> Daycare Assistance	<input type="checkbox"/> Food Stamps (SNAP)
<input type="checkbox"/> WIC (Women, Infants, & Children)	<input type="checkbox"/> Alimony/Spousal Support	<input type="checkbox"/> Disability
<input type="checkbox"/> Social Security	<input type="checkbox"/> Scholarships/Grants	<input type="checkbox"/> Section 8/Subsidized Housing
<input type="checkbox"/> Utility Assistance	<input type="checkbox"/> VA Benefits	<input type="checkbox"/> Rental Income

Do any of the following situations apply to your family? (Check all that apply).

<input type="checkbox"/> Homeless or living in shelter	<input type="checkbox"/> Living with relatives or others due to loss of housing or economic hardship	<input type="checkbox"/> Living with relatives or others by choice
<input type="checkbox"/> Unsafe or unhealthy environment	<input type="checkbox"/> Abusive home	<input type="checkbox"/> Child's mother does not have high school diploma or GED
<input type="checkbox"/> Child's father does not have a high school diploma or GED	<input type="checkbox"/> Child's mother is currently incarcerated	<input type="checkbox"/> Child's father is currently incarcerated
<input type="checkbox"/> Active duty military	<input type="checkbox"/> In need of emergency food/shelter	<input type="checkbox"/> Disabled parent/legal guardian

Child History and Specific Information. (Check all that apply).

Child's First, Middle, and Last Name:	Click or tap here to enter text.
<input type="checkbox"/> Current IEP	<input type="checkbox"/> Referral by Pediatrician for Speech or Developmental Delay
<input type="checkbox"/> Evaluated or Child Find/Early Intervention or other agency	

Click or tap here to enter text.

Click or tap here to enter text.

Parent/Guardian Signature

Date

Hampton Roads Mixed Delivery Collaborative Income Verification Form

(Virginia Preschool Initiative Income Guidelines Apply)

CONFIDENTIAL INFORMATION (Only if submitted)

Include total gross annual income (before taxes) of the child’s parent or parents (defined as parent, guardian, legal custodian, or other person having control or charge of the child – see VPI Income Criteria Guidelines)

Parent/Guardian (P/G) #1:

Weekly	X 52	= Annual Income
Every 2 weeks	X 26	= Click or tap here to enter text.
Twice a month	X 24	= Click or tap here to enter text.
Monthly	X 12	= Click or tap here to enter text.
Other Income	Click or tap here to enter text.	= Click or tap here to enter text.

Parent/Guardian (P/G) #2:

Weekly	X 52	= Annual Income
Every 2 weeks	X 26	= Click or tap here to enter text.
Twice a month	X 24	= Click or tap here to enter text.
Monthly	X 12	= Click or tap here to enter text.
Other Income	Click or tap here to enter text.	= Click or tap here to enter text.

Total Household Income

#1 P/G Income:	#2 P/G Income:	Other Income:	Total:
Click or tap here to enter text. (+)	Click or tap here to enter text.(+)	Click or tap here to enter text.(=)	Click or tap here to enter text.

VERIFICATION OF INCOME

Staff Member Income Verified by:
(please print)

How Verified:

- W-2 Form
 Tax Forms
 Pay Stubs (Salary)
 SSI Verification
 SNAP Verification
 TANF Verification
 Written statement from employer
 Child Support
 Social Security Benefits/Unemployment/Other

Number of people in household:

Children	Adults	Total
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

Are you currently working for the same employer as documented on the W-2/tax form?

- P/G #1: Yes No
- P/G #2: Yes No

(If either P/G answered “No” above, current income information is needed to determine income eligibility.)

Do you have any other forms of income not reported on this document, such as rental income, trust fund, etc.?

- P/G #1: Yes No
- P/G #2: Yes No

CERTIFICATION

I certify that all of the above information is true and correct and that all income is reported (if submitted). I understand that if any of this information changes, I am obligated to notify the program immediately. I understand that the school/program will receive state funds based on the information I give. I understand that deliberate misrepresentation of any of this information may disqualify my child from being considered for a preschool program.

Click or tap here to enter text.

Click or tap here to enter text.

Signature of Parent/Guardian (Required for Consideration)

Date

Click or tap here to enter text.

Click or tap here to enter text.

I verify that I have examined ALL information (Staff Signature)

Date

Click or tap here to enter text.

Click or tap here to enter text.

STUDENT NAME

Hampton Roads Mixed Delivery Collaborative Declaration of No Income or No Documentation of Income Form

Parent(s)/Guardian(s) Name(s)	Click or tap here to enter text.
Child's Name:	Click or tap here to enter text.
Address:	Click or tap here to enter text.

Check which of the below applies to your current situation:

- I certify that I had no income of my own in the last 12 months.
- I certify that at this time I cannot produce evidence of my income.

Indicate how you provide for the following (savings, assistance from family, cash earned):

Housing:	Click or tap here to enter text.
Food:	Click or tap here to enter text.
Transportation:	Click or tap here to enter text.

If you indicate that you have income but cannot verify the income with documentation, indicate the income source and the amount below:

Source of Income	\$ Amount
Social Security	\$ Click or tap here to enter text.
SSI	\$ Click or tap here to enter text.
TCA	\$ Click or tap here to enter text.
Child Support	\$ Click or tap here to enter text.
Other (cash earned, etc.)	\$ Click or tap here to enter text.
Total	\$ Click or tap here to enter text.

All sections must be complete to determine your family's eligibility. All information will be held in strict confidence as is available to you during normal business hours.

I certify that the information provided to support this information is accurate and truthful to the best of my knowledge. I understand that program staff will verify this information and that deliberate misrepresentation may result in withdrawal from this program.

Parent Guardian Signature:	Click or tap here to enter text.	Date:	Click or tap here to enter text.
Staff Signature/Title:	Click or tap here to enter text.	Date:	Click or tap here to enter text.

Virginia Preschool Initiative Local Student Eligibility Due to COVID-19 Impact 2021-2022 School Year Local Eligibility Criteria

Parent(s)/Guardian(s) Name(s)	Click or tap here to enter text.
Child's Name:	Click or tap here to enter text.
Address:	Click or tap here to enter text.

Virginia recognizes that COVID-19 has had a negative impact on many young children and families. Please check which of the below applies to your family's current situation due to impact of COVID-19:

- Termination of employment of one or both parent(s)/guardian(s)
- Furlough from employment without pay for an extended period of time for one or both parent(s)/guardian(s)
- Parent/guardian resigned from employment due to lack of child care services
- Loss of child support payments due to termination of employment
- Negative impact on household budget due to "catching –up" by paying accumulated rent and utility payments that were temporarily suspended during COVID-19 outbreak

- COVID-19 illness of a family member
- Death of a family member due to COVID-19
- Household or family has experienced hardship as a result of parent or guardian being considered essential personnel related to COVID-19 support
- Child's behavior and/or mental health has been significantly impacted by COVID-19

I certify that the information provided above is accurate and truthful to the best of my knowledge. I understand that misrepresentation may result in withdrawal from this program.

Parent Guardian Signature:	Click or tap here to enter text.	Date:	Click or tap here to enter text.
Staff Signature/Title:	Click or tap here to enter text.	Date:	Click or tap here to enter text.

For purposes of this document only, essential personnel are the first-responders, health care workers, and others who help maintain the health, safety, and welfare of the Commonwealth's residents. Here are examples of essential personnel:

- *Providers of healthcare including, but not limited to, workers at clinics, hospitals, Federally Qualified Health Centers, nursing homes, long-term care/post-acute care facilities, respite houses, and emergency medical services;*
- *Essential government employees including public health employees and employees who oversee or support all the other functions included in this list;*
- *Criminal justice personnel including those in law enforcement, courts, and correctional services;*
- *Police, firefighters, and military;*
- *Employees who operate shelters or other essential services for adults, children and families;*
- *Employees who ensure continuity of basic services such as electricity/gas, water, internet, plumbing, sanitation and garbage removal;*

- *Employees who ensure essential transportation including public transportation, trucking and health care-related transportation;*
- *Employees who ensure essential food, pharmaceutical and supplies access (e.g., grocery, food bank, feeding programs, drug store, hardware store); and*
- *Staff and providers of child care and education services (including custodial and kitchen staff and other support staff) for children of other essential personnel.*