



Virginia Preschool Initiative and United Way  
Southwest Virginia Childhood Success Initiative  
Regional Mixed Delivery Grant Preschool Application



United Way of  
Southwest Virginia

**Applicant and Family Member Information**

Name:

First                      Middle                      Last                      Suffix                      Nickname

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Date of Birth:              Gender:              Race:              Hispanic: (yes or no)

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Child's Residence/Physical Address:

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Mailing Address (if different):

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Primary Language:                      Other Language:

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**Parent/Guardian 1 Information:**

Name                      Date of Birth                      Lives with child ( ) Yes ( ) No

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Employer                      Hours worked per week                      Work Phone

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Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

High School Graduate: ( ) Yes ( ) No      GED: ( ) Yes ( ) No ( ) N/A

**Parent/Guardian 2 Information:**

Name                      Date of Birth                      Lives with child ( ) Yes ( ) No

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Employer                      Hours worked per week                      Work Phone

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Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

High School Graduate: ( ) Yes ( ) No      GED: ( ) Yes ( ) No ( ) N/A

**Total Number of People in Household:** \_\_\_\_\_

**Other Household Members:**

Name	Relationship to Child	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Does your child have any diagnosed special needs or disabilities (including speech services?)** ( ) Yes ( ) No

If yes, does your child receive special education services or related services and or receive treatment from a doctor for special needs? For example, did your child participate in Early Intervention and have an Individualized Family Support Plan? (IFSP) ( ) Yes ( ) No

If yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Does your child have any health problems, chronic conditions, or developmental concerns?**

( ) Yes ( ) No

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Has your family been negatively impacted by COVID-19?** (For example, job loss, household infection, displaced from home, difficulty attaining food, mental health concerns.) ( ) Yes ( ) No

If yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Do you have issues with childcare?** ( ) Yes ( ) No

**Does your family receive housing assistance?** (For example, rental assistance, no monthly rent or mortgage payment, HUD or other subsidy) ( ) Yes ( ) No

**Is your family considered homeless?** ( ) Yes ( ) No

Title IX, Part A of The Every Student Succeeds Act defines homelessness as living in the following places due to a lack of a fixed, regular, and adequate nighttime residence.

- In an emergency or transitional shelter
- In a motel, hotel, or campground due to lack of an adequate alternative
- In a car, park, public place, bus or train station, or abandoned building
- Doubled up with relatives or friends due to loss of housing, economic hardship, or a similar reason
- In the above conditions and is a migratory child or youth

**Your total yearly family income:** (Include gross income before taxes.) \$ \_\_\_\_\_

**Income documentation should NOT be included with this application.**

Families will need to provide the following documentation to complete the application process:

- Provide copy of Parent/Guardian’s photo ID
- Provide proof of residency (Example: copy of utility bill with physical address)
- Provide copy of Birth Certificate
- Provide proof of family income (one of the following):
  - Employee pay stubs/earnings notices
  - Income tax returns
  - Employer W-2 forms
  - Public assistance program payment documentation
- Parent/Guardian will be required to sign Income Verification Form.
- If applicable: Proof of negative impact due to COVID-19 (Example: furlough letter from employer)

Questions or Comments:

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I hereby certify that to the best of my knowledge the provided information is true and accurate.

**Parent/Guardian Signature:**

**Date:**

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Additional information may be requested by your participating center prior to final determination of eligibility and enrollment.

Participating programs do not discriminate on the basis of race, color, creed, religion, national origin, age, pregnancy, disability, veteran’s status, gender, sexual orientation/preference and/or familial/marital status.

**Return completed application to First United Methodist Church Office. A preschool staff member will contact you for additional information.**

FUMC Staff Signature (Income Verified):

Date:

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