

# Tazewell County Preschool Partnership

(Partnership between Clinch Valley Community Action Head Start and Tazewell County Public School System)

Clinch Valley Community Action  
P O Box 188  
North Tazewell, VA 24630  
276-988-5583

Tazewell County Public School System  
P O Box 927  
Tazewell, VA 24651  
276-988-5511

Dear Parents/Guardians:

Thank you for your interest in the Tazewell County Preschool Partnership Program. Clinch Valley Community Action's Head Start and Tazewell County Public School's Pre-K programs are working together to locate, recruit, and serve eligible three and four year old children in Tazewell County. Our goal is to provide them with comprehensive health, nutritional, developmental, educational, and social services; to form family partnerships to strengthen the family; and to form community partnerships that recognize that the welfare of children is a community concern.

Please complete the attached application and consent form and return it to the address above. Attached are instructions for completing the application and consent form. Copies of the following information must be returned with application to verify your child's eligibility:

- 1) Verification of Child's Birth Certificate (If you do not have a copy, proof you have submitted a request for a copy will be accepted)
- 2) Verification Proof of Residence (electric, water, or phone bill, etc.)
- 3) Copies of all family income, includes; copies of pay stubs or 2008 tax return, retirement benefits, child support, statement of public assistance (SSI, TANF, Food Stamps), and other income.
- 4) Verification if Homeless – Letter or statement from an organization, member of the household you are staying with or yourself.

Your application **cannot** be processed if this information is missing.

After your child's application is received it will be processed and reviewed by screening committee. The committee is made up of representatives from CVCA Head Start and Tazewell County Public Schools System. A Selection Committee will determine if your child is eligible for either the Head Start or the Pre-K program based on the guidelines of the programs.

There is a Waiver Placement form included in your application packet. If you have a special schedule that could affect your child's placement in one of the programs, please complete this form. Completion of this waiver does not guarantee your child's placement.

The earlier your application can be processed, the greater the chances your child will obtain a position.

If you have questions, please contact your local school, Head Start Center, Tazewell County School Board Office or Clinch Valley Community Action. Again, thank you for your interested in the Tazewell County Preschool Partnership.

Sincerely,

Linda Hayes  
Head Start Director

Bonnie Cash  
Supervisor of Elementary Education

# Tazewell County Preschool Partnership Application

Return Application to your local school or Head Start Center or mail application to:  
Education Support Coordinator, P O Box 188, North Tazewell, VA 24630, 276-988-5583

Child No.:

(program use only)

**A Selection Committee will determine if your child is eligible for Tazewell Co. Pre-K or CVCA Head Start.**

Child's legal name: Last: _____ First: _____ Middle: _____			Date of Birth: _____	Child: <input type="checkbox"/> Male <input type="checkbox"/> Female
Parent/Guardian Name(s): 1) _____ 2) _____			Child lives with: <input type="checkbox"/> One Parent <input type="checkbox"/> Two Parents <input type="checkbox"/> Grandparent (Check One) <input type="checkbox"/> Foster <input type="checkbox"/> Other (List relation): _____	
Mailing address: City: _____ State: _____ Zip: _____			Number in family _____ Total number in household _____ Total number of children by age: 0-3 _____ 4-5 _____	
Physical Address: City: _____ State: _____ Zip: _____			Was child referred to program? Yes <input type="checkbox"/> No <input type="checkbox"/> By Whom _____	
Directions to Home:			Any Specific family need or Crisis? Yes <input type="checkbox"/> No: (If yes check explain below)	
Parent/Guardian: Place of Employment 1) _____ 2) _____			<input type="checkbox"/> Abuse/Neglect; explain _____	
Phone: Home/Message ( ) _____		Phone: Other ( ) _____		
Child type of insurance: <input type="checkbox"/> Medicaid <input type="checkbox"/> FAMIS <input type="checkbox"/> Other: _____			<input type="checkbox"/> Serious Child Health Problem _____	
Is anyone in the family receiving SSI? <input type="checkbox"/> Yes <input type="checkbox"/> No, Who? _____			<input type="checkbox"/> Referral From Other Agency Professional _____	
Do you receive the following assistance? <input type="checkbox"/> Food Stamps <input type="checkbox"/> TANF			<input type="checkbox"/> High Risk (Diagnosed Mental or physical Illness, Disabled, etc.) _____	
Housing: <input type="checkbox"/> Own <input type="checkbox"/> Homeless <input type="checkbox"/> Live with Relatives <input type="checkbox"/> Live with Friends <input type="checkbox"/> Rent <input type="checkbox"/> Shelter <input type="checkbox"/> Other: _____			<input type="checkbox"/> Family Crisis (Loss of income, Terminal Illness, Death) _____	
			<input type="checkbox"/> Past/Present Incarceration (Jail) of one or more parent(s) _____	
			<input type="checkbox"/> Other: _____	
			Highest level of Parent Education _____	
			Does child have a <b>diagnosed</b> disability or special need? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, describe disability) _____	
			Is there a brother/sister already enrolled? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, give first/last name and school/location) _____	

**Please fill in the application completely and provide the following information:  
Proof of Birth Certificate, Proof of Residence, and All Household Income Verification.**

**Parent/Guardian Signature** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Teacher/Staff Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

Program Use Only:

Verifications:	Birth Certificate #: _____ ST: _____	Residence Verified with: _____	Copy of Income: _____ <input type="checkbox"/> Document Viewed <input type="checkbox"/> Attached
	Verified By: _____ Date _____		

Application Received From:  RVES  RES  CBES  NTES  TES  SES  DPS  AVES  TCPS  RHS  THS  CJHS  CVCA  Other: \_\_\_\_\_

**Only Color Application will be accepted, no copies or faxes.**

2009-2010

FC003

## CONSENT TO EXCHANGE INFORMATION

I understand that different agencies provide different services and benefits. Each agency must have specific information in order to provide services and benefits. By signing this form, I am allowing Clinch Valley Community Action, Head Start and Tazewell County Pre-K Program to exchange certain information so it will be easier for them to work together effectively to provide or coordinate these services or benefits.

I, \_\_\_\_\_, am signing this form for \_\_\_\_\_  
(Full printed name of parent or guardian) (Full printed name of Head Start child) (Child's Birth Date)  
\_\_\_\_\_  
(Address) (City, State, Zip)

My relationship to the child is:  Parent  Power of Attorney  Guardian  Other Legally Authorized Representative

I want the following confidential information listed below but not limited to, to be exchanged:

- Financial information—Income verification
- Educational Records- Progress reports and PAL's testing, IEP
- Any medical records including:
  - recent physical,
  - up-to-date immunizations,
  - vision screening,
  - hearing screening,
  - any known allergies,
  - lead screening,
  - child's birth history and
  - hemoglobin.
- Any mental health records and or screenings
- Any speech screening and or evaluations
- Type of medical insurance, name or primary care provider
- Any dental records, name of dental provider
- Other- \_\_\_\_\_

I want Clinch Valley Community Action-Head Start and Tazewell County Pre-K Program to be able to exchange this information with other agency. I want this information to be exchanged for the purpose of eligibility determination and services for the Head Start and Tazewell County Pre-K programs. I want this information to be shared through written information

This consent is good until child leaves the Head Start or Pre-K program.

I can withdraw this consent at any time by telling the referring agency in writing. This will stop them from sharing information after they know my consent has been withdrawn. I have the right to know what information about me has been shared and why, when, and with whom it was shared. If I ask they will provide me this information to me. I want the school system to accept a copy of this form as a valid consent to share information. If I do not sign this form, information will not be shared and I will have to contact Clinch Valley Community Action—Head Start or Tazewell County Pre-K Program to give them information about me that they need.

\_\_\_\_\_  
Signature of consenting person Date

\_\_\_\_\_  
Signature of staff Staff Title Date

## Acknowledge of Tazewell County Preschool Partnership

Clinch Valley Community Action's Head Start and Tazewell County Public School's Pre-K programs have formed the Tazewell County Preschool Partnership. The Tazewell County Preschool Partnership is working together to locate, recruit, and serve eligible three and four year old children in Tazewell County. Our goal is to provide them with comprehensive health, nutritional, developmental, educational, and social services; to form family partnerships to strengthen the family; and to form community partnerships that recognize that the welfare of children is a community concern.

Your child's application will be processed and then reviewed by screening committee. The committee is made up of representatives from CVCA Head Start and Tazewell County Public Schools System. A Selection Committee will determine your child is eligible for either the Head Start or the Pre-K program based on the guidelines of the programs.

I hereby, acknowledge that I have received information and an explanation of the Tazewell County Preschool Partnership.

_____ Parent/Guardian Signature	_____ Date	_____ Staff Signature (HS Staff or TCPS Staff)	_____ Date
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I hereby, acknowledge that I have received information and an explanation of the application process and that a selection committee will determine my child's eligible for either the Head Start or the Pre-K program based on the guidelines of the programs.

_____ Parent/Guardian Signature	_____ Date	_____ Staff Signature (HS Staff or TCPS Staff)	_____ Date
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I hereby, acknowledge that I have received information and an explanation of the waiver placement form that will allow special placement consideration based on my work or school schedule.

_____ Parent/Guardian Signature	_____ Date	_____ Staff Signature (HS Staff or TCPS Staff)	_____ Date
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# Tazewell County Preschool Partnership Waiver Placement

I \_\_\_\_\_ request my child \_\_\_\_\_  
Parent/Guardian Name Child's Name

to be placed at \_\_\_\_\_. The reason for my request is based on  
Head Start Center/School

the following:

- Work Schedule (Please attached Documentation)
- School Schedule (Please attached Documentation)

\_\_\_\_\_  
Parent/Guardian Signature Date

**Program Use Only:**

Comments from the Selection  
Committee:

\_\_\_\_\_

Selection Committee  
Decision:

Approve  
Waiver

Disapprove Waiver (Previous Decision  
Stands)

Selection Committee Signature:

\_\_\_\_\_