



If you are only applying for one child, skip this page. If you are applying for more than three children, photocopy this page and attach the additional sheet(s) to your application.

## Child Two

\*Child's Legal Name: \_\_\_\_\_  
  First  Middle  Last

\*Child's Date of Birth \_\_\_\_\_



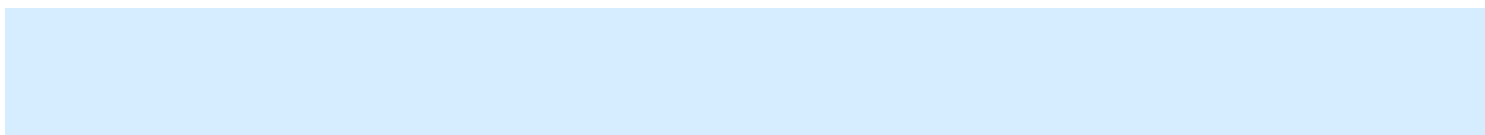
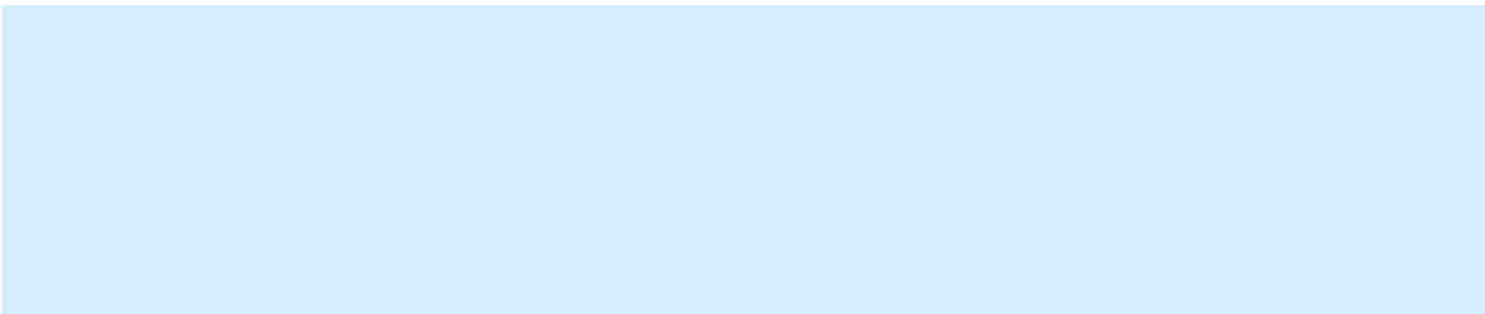
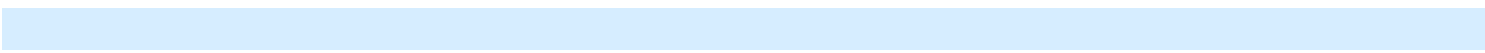
If you are not applying for a child in protective services and/or foster care, skip this page.

## For a Child in Protective Services

If your child is not receiving child protective services, leave this section blank.

Referring Agency:





Complete this page and submit valid income documentation if you do not currently participate in an Option 1 public program.  
Skip this page if you currently participate and can provide documentation for one of the Option 1 public programs listed Page 6.

## Option 2: Household Income Eligibility

### Adults in the Household and their Income

A solid gray rectangular box used to redact information, likely names and income details of adults in the household.

Complete this page if no adult members of your household have income.  
Skip this page if you are using an Option 1 program or if one or more adults in your household have an income.

- x Households with no income still need to list all adults in the household on Page 7
- x Do not complete this page if income for one or more adults is listed on Page 7
- x Do not complete this page if you answered "yes" to questions on Page 6 and are submitting proof of participation in a public program.

## Household Declaration of No Income

This statement below serves as your declaration of no household income for Option 2. This form must be completed by the same parent or legal guardian who signs the Early Learning Scholarship Pathway I Application.

I, \_\_\_\_\_, declare that we as a household currently  
Print full legal name

do not have income on this day of \_\_\_\_\_.  
Today's Date: MM/DD/YYYY

Signature \_\_\_\_\_ Date: \_\_\_\_\_  
Signature Date: MM/DD/YYYY



Your application is not complete without the required separate income documents.

Attach a separate document(s) to demonstrate that you meet the income eligibility requirements listed on pages 5 & 6.

Common examples include recent county statements listing your name as a recipient of SNAP or MFIP or CCAP. Also include Start enrollment statements, school district statements of Free or Reduced meals for a family member, [2 paystubs](#), [W2s](#) or [signed Taxes](#), [Child Support payment history](#) and [SSI payment statements](#) may be attached

- x The blue bold italics above represent documents to be summarized on page 6 along with all adults associated with the income.
- x If applying and seeking prioritization as a parent under 21 enrolled in a high school.

## Agreement to Comply with Requirements

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## Parent/Guardian Signature

Optional Consent: Release Information and Participate in an Evaluation

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