

One of the goals of ND BEST IN CLASS is to help make quality early experiences affordable and accessible to all families. The below information is being collected to determine eligibility to participate. The program ensures that the 4-year-old children attending BEST IN CLASS represent all abilities and economic status. BEST IN CLASS will use the information to meet enrollment and tuition fee scale requirements. **All information you share is confidential.**

Child's Name: _____ Date of Birth: _____

STARS State ID (for program use only) _____

Is your child currently on an Individual Education Plan (IEP)? Yes or No

Is your child receiving additional services for a Non-Categorical Delay (NCD), (NCD = disability is not clearly identified, but delays are evident)? Yes or No

Is your child currently receiving any additional services (Speech, OT, PT)? Yes or No

Please answer the questions below:

- | | | |
|-----|----|---|
| Yes | No | Are you currently enrolled in the Child Care Assistance Program (CCAP)? |
| Yes | No | Are you currently receiving Supplemental Nutrition Assistance Program (SNAP)? |
| Yes | No | Are you receiving Medicaid or Children's Health Insurance Program (CHIP) |
| Yes | No | Do you qualify for Housing Assistance (Housing Choice Voucher, USDA rent asst.) |
| Yes | No | Do you qualify for Free or Reduced Lunch program? |
| Yes | No | Is the enrolled child in Foster Care? |
| Yes | No | Are you experiencing homelessness? |

How many **people** are currently living in your household*? _____

*A "household" includes anyone who lives together in one place most of the time, even if not related.

Please indicate the range that best describes your gross household income* by choosing the chart that corresponds to the number of people in your household. Place a check mark by your household income range.

*Gross household income includes any income earned by a household member who is age 18 or older.

2 Person Household		3 Person Household		4 Person Household	
_____	<=\$46,479	_____	<=\$57,415	_____	<=\$68,351
_____	\$46,480-\$77,465	_____	\$57,416-\$95,692	_____	\$68,352-\$113,919
_____	\$77,466-\$116,197	_____	\$95,693-\$143,538	_____	\$113,920-\$170,879
_____	>=\$116,198	_____	>=\$143,539	_____	>=\$170,880
5 Person Household		6 Person Household		7 Person Household	
_____	<=\$79,288	_____	<=\$90,224	_____	<=\$92,274
_____	\$79,289-\$132,146	_____	\$90,225-\$150,373	_____	\$92,275-\$153,791
_____	\$132,147-\$198,219	_____	\$150,374-\$225,560	_____	\$153,792-\$230,686
_____	>=\$198,220	_____	>=\$225,561	_____	>=\$230,687

If your program charges tuition, your monthly tuition will be determined based on the sliding fee scale.

I confirm that the information I have provided above is true and correct to the best of my knowledge. I agree to provide additional information if requested.

Printed Name of Person Completing

Signature

Date