



MiEarly  
Childhood  
Connect



OaklandSchools

## Oakland County Early Childhood GSRP Paper Application

(Information gathered needs to be uploaded into MiECC once child is enrolled)

Intake School/Agency*	
Primary Phone Number*	
Family Name*	
Address*	
Apartment/Unit #	
City*	
State*	
Zip Code*	
Date Received*:	
Referral Source*	
<input type="checkbox"/> Agency <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other	
Initial Contact Method	<input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Walk In <input type="checkbox"/> Other: _____
How did you learn about us?	
<p>Authorization to Share (please read this statement in full)*:          Part of Oakland Schools is to support your family, which means we may refer you to another program or organization. Do you give permission to Oakland Schools to share the information you've given me today with affiliate/community organizations in order to best support your family? Information may also include the results of the Ages and Stages Questionnaire. This will remain in effect until the youngest child in the family turns five or your family requests, either verbally or in writing, that information sharing be stopped.</p>	
Parent/Guardian Signature*	

For which year are you hoping to have your child enrolled or be considered for services?	<input type="checkbox"/> 2023-2024 <input type="checkbox"/> 2024-2025
Desired Program Schedule	<input type="checkbox"/> Part Day <input type="checkbox"/> School Day - 4 days per week <input type="checkbox"/> School Day - 5 days per week
Child's Legal First Name* (should match birth verification document)	
Middle Name	
Child's Legal Last Name* (should match birth verification document)	
Suffix	
Date of Birth (month, date, year)* (should match birth verification document)	
Gender*	
Is Hispanic or Latino	<input type="checkbox"/> Yes <input type="checkbox"/> No
Race/Ethnicity * Select the one that you most identify with.	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White
Do you need transportation? (transportation is not available in all areas)	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Determining Eligibility Factors

The questions contained in this document are sensitive for families. Now that enrollment prioritization is based on income level, and eligibility factors determine prioritization within the income levels, it is not as necessary to gather this information at the start of the school year. This information:

- Can be gathered throughout the year and reported in April on the Child Information and Staff Report (CISR) that is submitted to Oakland Schools and then to MDE.
- Is more easily gathered once a collaborative relationship with the family has been established.
- Can be gathered informally through confidential chats at drop-off or pick-up or at more formal conversations like the home visit and conferences.

The following questions are designed to find more information while being aware of how sensitive these areas are for families. This document can be used to take notes on information gathered from families and kept in the child file as evidence that the program seeks eligibility factor information with the goal of providing support to the child and family.

### Eligibility Factor Sample Questions

**Check the IEP / IFSP box in MiECC if any of the following are marked Yes:**

- Does your child have an individualized education program (IEP)? \_\_\_\_ Yes \_\_\_\_ No
- Did you child have an individualized family service plan (IFSP) with a transition referral at age 3? \_\_\_\_ Yes \_\_\_\_ No
- Does your child have a chronic illness (example: asthma)? \_\_\_\_ Yes \_\_\_\_ No
  - If yes, please explain: \_\_\_\_\_
- Do you, a doctor, or other professional have any concerns regarding your child's development?  
\_\_\_\_ Yes \_\_\_\_ No
  - If yes, please explain: \_\_\_\_\_

**Check the Severe or Challenging Behavior Box in MiECC if any of the following are marked Yes:**

- Has your child's behavior prevented participation in another group setting? \_\_\_\_ Yes \_\_\_\_ No
- Is your child in counseling or therapy? \_\_\_\_ Yes \_\_\_\_ No
- Has your child been expelled from preschool / child care center / other setting? \_\_\_\_ Yes \_\_\_\_ No

**Check the Primary Home Language Other than English Box in MiECC if any of the following are marked Yes:**

- Are there any languages other than English spoken in the home? \_\_\_\_ Yes \_\_\_\_ No
  - If yes, what language? \_\_\_\_\_

- What is your child's primary language? \_\_\_\_\_

**Check the Parent or Guardian with Low Educational Attainment Box in MiECC if any of the following are Less than High School or Evidence of Parent Literacy Need:**

- What is the highest level of education for the parents of the child?
  - Parent 1 (check all that apply):
    - Less than High School \_\_\_\_\_
    - High school \_\_\_\_\_
    - GED \_\_\_\_\_
    - College \_\_\_\_\_
  - Parent 2 (check all that apply)
    - Less than High School \_\_\_\_\_
    - High school \_\_\_\_\_
    - GED \_\_\_\_\_
    - College \_\_\_\_\_
- Are there any literacy resources, either for the child or parent, the family would be interested in?  
\_\_\_\_\_
- Who reads to the child in the home? \_\_\_\_\_

**Check the Abuse / Neglect of Child or Parent Box in MiECC if any of the following are Yes:**

- Have you or your child ever felt unsafe in your home? \_\_\_\_ Yes \_\_\_\_ No
  - If yes, please explain: \_\_\_\_\_
- Has anyone in your home been a victim of physical, sexual, or emotional abuse or neglect?  
\_\_\_\_ Yes \_\_\_\_ No
- Is there a history of substance abuse in the home (alcohol, drugs, prescription drugs)?  
\_\_\_\_ Yes \_\_\_\_ No
- Does anyone in the home have a violent or destructive temper? \_\_\_\_ Yes \_\_\_\_ No

**Check the Environmental Risk Box in MiECC if any of the following are Yes:**

- Has any of the following occurred for the child?
  - Divorce \_\_\_\_\_
  - Parental:
    - Death \_\_\_\_\_
    - Military leave \_\_\_\_\_
    - Incarceration \_\_\_\_\_
    - Chronic illness \_\_\_\_\_

- Living elsewhere due to school or work \_\_\_\_\_
  - Grandparents raising child \_\_\_\_\_
  - Foster child \_\_\_\_\_
  - Frequent changes in custody \_\_\_\_\_
  - Single parent \_\_\_\_\_
  - Teen parent at the time the first child was born \_\_\_\_\_
  - Sibling with:
    - Chronic illness \_\_\_\_\_
    - Challenging behavior \_\_\_\_\_
    - Disability \_\_\_\_\_
    - Death \_\_\_\_\_
- Do you consider yourself homeless? \_\_\_\_ Yes \_\_\_\_ No
- Did your family unexpectedly relocate in the last 6 months? \_\_\_\_ Yes \_\_\_\_ No
- How many times have you moved in the past 2 years? \_\_\_\_\_
- Are you residing with anyone other than your immediate family members? \_\_\_\_ Yes \_\_\_\_ No
- Residing in a neighborhood with:
  - High poverty \_\_\_\_ Yes \_\_\_\_ No
  - High crime \_\_\_\_ Yes \_\_\_\_ No
  - Limited access to critical community services \_\_\_\_ Yes \_\_\_\_ No
  - High death rates \_\_\_\_ Yes \_\_\_\_ No
  - Violence \_\_\_\_ Yes \_\_\_\_ No
- Daily exposure to:
  - Lead \_\_\_\_ Yes \_\_\_\_ No
  - Rodents \_\_\_\_ Yes \_\_\_\_ No
  - Insect infestations \_\_\_\_ Yes \_\_\_\_ No
  - Violence \_\_\_\_ Yes \_\_\_\_ No
  - Injury \_\_\_\_ Yes \_\_\_\_ No
  - Drug use \_\_\_\_ Yes \_\_\_\_ No
  - Crowded housing \_\_\_\_ Yes \_\_\_\_ No
  - Lack of utilities \_\_\_\_ Yes \_\_\_\_ No
  - No space for children's play \_\_\_\_ Yes \_\_\_\_ No
- Prenatal or postnatal exposure to toxic substances known to cause learning or developmental delays

- Fetal Alcohol Syndrome \_\_\_\_ Yes \_\_\_\_ No
- Born addicted \_\_\_\_ Yes \_\_\_\_ No
- Environmentally-induced respiratory problems \_\_\_\_ Yes \_\_\_\_ No
- Other: \_\_\_\_\_ \_\_\_\_ Yes \_\_\_\_ No

**Other Parent/Guardians in the household (dependent on the household income)**

First Name*	
Last Name*	
Relationship to child*	

First Name*	
Last Name*	
Relationship to child*	

**Siblings/other children in the household**

First Name*	
Last Name*	
Date of Birth (month, date, year)*	
Gender*	

First Name*	
Last Name*	
Date of Birth (month, date, year)*	
Gender*	

First Name*	
Last Name*	
Date of Birth (month, date, year)*	
Gender*	

First Name*	
Last Name*	
Date of Birth (month, date, year)*	
Gender*	

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Gender*	

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Last Name*	
Date of Birth (month, date, year)*	
Gender*	

First Name*	
Last Name*	
Date of Birth (month, date, year)*	
Gender*	

First Name*	
Last Name*	
Date of Birth (month, date, year)*	
Gender*	

Notes:

\*indicates a required field in MiECC