



### Colonial Early Education Program (CEEP) Additional Services Information Form

The Colonial Early Education Program (CEEP) is committed to helping families access needed services. Therefore, partnering with local social service and health care agencies to provide additional low-cost or free services for eligible children and families. CEEP is also partnering with 211/Help Me Grow to help families access basic needs and important services such as food pantries, medical services, utility assistance, transportation, etc. By sharing this confidential information we can identify services that may meet your family’s needs, including the Early Childhood Assistance Program (ECAP), which provides free preschool programming to a limited number of Colonial children.

**Please complete the following information:**

Child’s Name:	Child’s Date of Birth:	Parent/Guardian Name(s):
My family is experiencing homelessness.  ___ Yes ___ No ___ I don’t know	My child and/or family qualifies for TANF, SSI and/or SNAP.  ___ Yes ___ No ___ I don’t know	My child qualifies for Child Care Assistance/Purchase of Care (POC).  ___ Yes ___ No ___ I don’t know
The child for whom I am applying lives in Foster Care/Kinship Care.  ___ Yes ___ No ___ I don’t know	My child qualifies for Medicaid.  ___ Yes ___ No ___ I don’t know	I have medical insurance for my child.  ___ Yes ___ No ___ I don’t know
I would like help accessing medical insurance for my child.  ___ Yes ___ No ___ I don’t know	My child has been to a dentist within the past 12 months.  ___ Yes ___ No ___ I don’t know	I would like help accessing dental care for my child.  ___ Yes ___ No ___ I don’t know
My child has had a hearing screening within the past 12 months.  ___ Yes ___ No ___ I don’t know	I would like help accessing medical care my child.  ___ Yes ___ No ___ I don’t know	My child has had a vision screening within the past 12 months.  ___ Yes ___ No ___ I don’t know

I would like a 211/Help Me Grow professional to contact me to help me access basic needs and important services: \_\_\_ YES \_\_\_ NO

Name of parent/guardian completing form:	Signature:	Date:
Name of staff member receiving form and/or completing form with parent/guardian:	Signature:	Date:

**Foster Care/Kinship Care:** Foster care means 24-hour substitute care for children placed away from their parents or guardians and for whom the state agency has placement and care responsibility.

**Homelessness:** Colonial School District uses the definition of Homeless in the McKinney-Vento Assistance Act. Homeless families and children are individuals who lack a fixed, regular, and adequate nighttime residence.

**SNAP:** Supplemental Nutrition Assistance Program

**SSI:** Supplemental Security Income

**TANF:** Temporary Assistance for Needy Families