



Literacy Connections Eligibility Form

Program Name _____

Provider or Director Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Program must be a licensed child care facility located in Shawnee County, serving children birth to 5 years old, with some families that reside in the Topeka USD 501 School District. The program must also serve some children/families that meet at least one of the "at risk" criteria established by the Kansas Children's Cabinet for Shawnee County.

"At risk" criteria: children at risk for developmental delay, military family, teen parent, family income would qualify for federal free/reduced lunch, parent who has not completed a high school education, family resides in a neighborhood with limited resources, families without access to consistent health care.

Complete this form by inputting **first name only** of each child in your program. Check the box if the child meets one or more of the "at risk" criteria listed above. Please put an "*" beside each "at risk" child's name to indicate if the child will attend a USD 501 School.

<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

_____ Total number of children enrolled in program.

_____ Total number of children who meet the "at risk" criteria listed above.

Once you have completed the form, please save it to your computer and email it as an attachment to lisa@east.ks.childcareaware.org.
For additional questions, please call 785-357-5171.

