

CAPS Referral Form for Georgia's Pre-K Program



School Year _____ to _____

This form should be completed and submitted by the parental authority not the Pre-K provider. If you currently receive assistance through the CAPS program, visit www.compass.ga.gov and report the Pre-K referral as a change. Changes can take up to 10 days to process. A new CAPS application submitted via COMPASS could take up to thirty (30) days to process.

CHILD INFORMATION

Child's Name (enrolled in Pre-K)	Social Security Number	Date of Birth
_____	_____	_____
Family Address (Street, City, State, Zip)	County of Residence	
_____	_____	
_____	_____	

Each parental authority must be in an approved activity and/or employed at least 24 hours per week. If 20 years or younger, individual must be enrolled in middle school or high school full time.

Parental Authority's Name: _____	Social Security Number _____
Date of Birth: _____	Phone Number: _____ E-mail: _____

Approved Activity	Name of Employer/School	Total hours per week
Working <input type="checkbox"/> School <input type="checkbox"/> Training <input type="checkbox"/>	_____	_____

Employment Gross wages	Frequency of pay	Other gross income (ie, Child Support)
_____	Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/>	_____

Name of Pre-K Site	Site Address
_____	_____

Phone Number	County
_____	_____

Name of child care provider (if different from Pre-K site)	Provider Address
_____	_____

Phone Number	County
_____	_____

I certify that this referral form has been completed by me and that the information provided is true and accurate to the best of my knowledge.

_____	_____
Signature of Parental Authority	Date