BRIGHT from the START
Georgia Department of Early Care and Learning

Summer Transition Program 2017
Eligibility Information Form

Please clearly print the name as it appears on the birth certificate.

Legal Last Name		
Legal First Name		
Legal Middle Name	Name Suffix (Jr,II,III)	
Child's Social Security #	DOB) (M/D/Y)	Gender
_____ -- _____ -- _____	_____/_____/_____	☐ M ☐ F

Indicate whether your child currently receives any of the following services?

- ☐ Child Care and Parent Services (CAPS)
- ☐ Supplemental Nutrition Assistance Program (SNAP)
- ☐ Medicaid
- ☐ Temporary Assistance for Needy Families (TANF)
- ☐ None of the above

If you selected any of the services above, **documentation must be provided to verify active participation** in the program. If you checked multiple boxes, documentation verifying any one of the services will be sufficient.

_____ _____

Parent/Guardian Signature **Date**

For program office use only

If families are currently participating in any of the aforementioned services and verifying documentation is on site, programs may use the Summer Transtion Program 2017 Eligibility Information Form in lieu of the Income Eligibility Worksheet.

Current participation in the above program verified:

☐ Yes
Indicate type of documentation received:_____

Other: _____

☐ No
If current participation cannot be verified, the program must complete the **Income Eligibility Worksheet** to determine eligibility