CAPS PRE-K SUMMER TRANSITION PROGRAM CHECKLIST

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| --- | --- |
| **Parental Authority:** |  |
| **Provider Name:**  |  |
| **Provider Address:** |  | **Provider ID:** |  |
| **Transition Coach:** |  | **Transition Coach Contact Number:** |  |
|  |  |
| Required Documentation | **YES** | **NO** | Not Applicable |
| 1. CAPS Referral for Children Enrolled in Pre-K Summer Transition Program for School Year 2017
 |  |  |  |
| 1. CAPS Published Provider Rate Form
 |  |  |  |
| 1. \*Application for Child Care Services – Form 60
 |  |  |  |
| 1. \*Verification of Family Income
 |  |  |  |
| 1. \*Proof of Activity for Adult Family Unit Members (Work/School/Training)
 |  |  |  |
| 1. \*Verification of Child’s Citizenship
 |  |  |  |
| 1. \*Proof of Residency
 |  |  |  |
| 1. \*CAPS Program Family Asset Certification Form
 |  |  |  |
| 1. \*Proof of Social Security Number (If SSN is provided)
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| Comments: |

\*Items 3-9 must be completed for families not currently receiving subsidy and requesting before/after services for Summer Transition Program.  |  | C:\Users\HLTA\Documents\DECAL logo.jpg |

 Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

