

# NC Pre-K Program Scorecard 2024-2025

Date Completed:

Child's Name:

D.O.B:

Phone:

Address:

City:

Zip:

Eligibility Determination Factors		
1) Will the child be four years of age on or before August 31st of the program year?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
2) What is the annual family gross income?	\$	
3) What is the family size? <i>(as defined by NC Pre-K)</i>		
4) Is this a military family? <i>(as defined by NC Pre-K)</i>	<input type="checkbox"/> NO	<input type="checkbox"/> YES
5) Does the family's countable income fall at or below 75% of the State Median Income (SMI)?	<input type="checkbox"/> NO	<input type="checkbox"/> YES

TABLE A (Additional Risk Factors)		
Check one box for each:	Yes	No
Identified educational need(s) and/or current IEP	<input type="checkbox"/>	<input type="checkbox"/>
Identified developmental disability	<input type="checkbox"/>	<input type="checkbox"/>
Chronic health condition(s)	<input type="checkbox"/>	<input type="checkbox"/>
Limited English Proficiency	<input type="checkbox"/>	<input type="checkbox"/>

TABLE B - % Poverty (TANF/MOE Only)	Check one
130% and below	<input type="checkbox"/>
131 - 185%	<input type="checkbox"/>
186 - 200%	<input type="checkbox"/>
201 - 250%	<input type="checkbox"/>
251 - 300%	<input type="checkbox"/>
Above 300%	<input type="checkbox"/>

TABLE C (Categorical Eligibility)	
Experiencing homelessness	<input type="checkbox"/>
In foster care	<input type="checkbox"/>
Receiving refugee services	<input type="checkbox"/>
WIC	<input type="checkbox"/>
Public Housing	<input type="checkbox"/>
TANF/Work First	<input type="checkbox"/>
Medicaid	<input type="checkbox"/>
SSI	<input type="checkbox"/>
Food and Nutrition Services (Food Stamps)	<input type="checkbox"/>
SNAP	<input type="checkbox"/>

Child Eligibility Status (check one)	
<b>Eligible</b>	<input type="checkbox"/> Child is four years of age on or before August 31 <sup>st</sup> of the program year <b>AND</b> has a family income <b>AT OR BELOW</b> 75% of the State Median Income level.
	<input type="checkbox"/> Child is four years of age on or before August 31 <sup>st</sup> of the program year and has one or more <b>Categorical Eligibility Requirements</b> <i>(as determined in Table C)</i> .
	<input type="checkbox"/> Child is four years of age on or before August 31 <sup>st</sup> of the program year <b>AND</b> is from an eligible military family.
	<input type="checkbox"/> Child is four years of age on or before August 31 <sup>st</sup> of the program year with a family income <b>ABOVE</b> 75% of the State Median Income level but has one or more <b>Additional Risk-Factors</b> <i>(as determined in Table A)</i> .
<b>Ineligible</b>	<input type="checkbox"/> Child is <b>NOT</b> four years of age on or before August 31 <sup>st</sup> of the program year.
	<input type="checkbox"/> Child has a family income <b>ABOVE</b> 75% of the State Median Income level and does <b>NOT</b> have <b>Additional Risk-Factors</b> <i>(as determined in Table A)</i> .

The following information is not used to determine eligibility but will help DCDEE leverage federal funding  
 Is either parent/guardian/kinship provider: (Check all that apply)

<input type="checkbox"/> Employed	<input type="checkbox"/> Seeking employment	<input type="checkbox"/> In post-secondary education
<input type="checkbox"/> In High School or in a GED program	<input type="checkbox"/> In job training	<input type="checkbox"/> Other: