



## Overview of the Great Start Readiness Program

The Great Start Readiness Program is a free state-funded preschool program for children turning four by September 1<sup>st</sup>. Children and their families qualify for the program based on pre-determined factors set by the Michigan Department of Education.

Our program follows the Early Childhood Standards of Quality and Curriculum guidelines set by the Michigan State Board of Education as well as following the licensing requirements of the Department of Human Services. Program planning is developmentally appropriate with the goal of preparing students for the rigors of Kindergarten upon completion.

Research indicates that children provided with a high quality preschool experience show significant positive developmental differences when compared to children from the same backgrounds that did not attend a preschool program. The Great Start Readiness Program (GSRP) is for children who may be at risk of becoming educationally disadvantaged and who may have extraordinary need of special assistance.

A specific situation or condition is considered a risk factor if that situation puts the child at a direct risk of school failure. When determining the child's eligibility for the program, the following factors are considered:

- Financial Factors (90% of our students must qualify based on income)
- Child Development factors
- Parent/parenting factors
- Environmental/family circumstance factors

Please be assured that any information shared on the following pages will be strictly confidential and only viewed by professionals who may be involved in screening or servicing your child should they be eligible. These would include teaching staff, social worker, speech pathologist, or program director.

**Parent/Guardian Signature:** \_\_\_\_\_

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



# GSRP Preschool Application

Today's date: \_\_\_\_\_ School District: Roseville School Preferred: \_\_\_\_\_

Student's Name: \_\_\_\_\_ City of Birth: \_\_\_\_\_

Student's DOB: \_\_\_\_\_ Student's Gender:  Male  Female

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

<b>Mother's Name:</b>	<b>Mobile:</b>	<b>Home:</b>
<b>Address:</b> (if different from student's)		<b>Email address:</b>

<b>Father's Name:</b>	<b>Mobile:</b>	<b>Home:</b>
<b>Address:</b> (if different from student's)		<b>Email address:</b>

**Who has custody of the child?** Both parents    mother    father    foster parents    Grandparent

<b>Legal Guardians name:</b> (if not biological parent)	<b>Mobile:</b>	<b>Home:</b>
<b>Address:</b> (if different from student's)		<b>Email address:</b>

List of all people/persons living in the household (also listing the student)		
<i>Name</i>	<i>Relationship to student</i>	<i>Age</i>

Has your child previously attended any school or child care facility?     Yes     No

*\*If yes:*

-Name of school or child care facility: \_\_\_\_\_

-Address of school or child care facility: \_\_\_\_\_

- Phone Number of school or child care facility: \_\_\_\_\_

Mother Employed                      Yes        No   

Father Employed                      Yes        No

# GSRP Eligibility Form

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**STATE GUIDELINE FACTORS**

**YES**

**NO**

**Documentation (if necessary)**

1	<b>Low Family Income</b> <i>Head Start Referral needed</i>				
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2	<b>Diagnosed Disability or Identified Delay</b>				
	a. Special Education/IEP				
	b. Developmental delay				
	c. Chronic health issue				

3	<b>Severe or Challenging Behavior</b>				
	a. Child has been expelled from preschool				
	b. Social services or professional letter				

4	<b>Primary Language</b>				
	a. Is a language other than English?				
	b. Is English the child's first language?				
	c. Do you have speech concerns for your child?				

5	<b>Parent/Guardian did not graduate High School</b>				
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6	<b>Abuse/Neglect of Child or Parent</b>				
	a. Domestic abuse				
	b. Substance abuse by a family member in the home				

7	<b>Environmental Risk</b>				
	a. Parental loss/absence				
	b. Teen parent (under 20 when child was born)				
	c. Housing instability (homeless, frequent moves, etc.)				
	d. Substance abuse in parents/household				

*Please write below any other factors that may cause learning or school adjustment problems for this child:*

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Parent/Guardian Signature: \_\_\_\_\_

Staff Signature: \_\_\_\_\_



**Macomb County Referral Form for the Great Start Readiness Program to Head Start**

\_\_\_\_\_ Birth Date: \_\_\_\_\_  
(Print) Child's Last Name First Name

\_\_\_\_\_ Phone Number: \_\_\_\_\_  
(Print) Parent/Guardian's Last Name First Name

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home School District: \_\_\_\_\_ Enrolling for School Year: \_\_\_\_\_

Child has a current IEP?  IEP

Have you previously applied for Head Start or been enrolled? \_\_\_\_\_

I understand my child may be eligible for Head Start and that Head Start programs have a higher level of funding that may provide more services to my child/family. However, the Great Start Readiness Program best meets the needs for our family due to the following reasons:

**Check all that apply:**

- Zero Available Slots
- Hours of Operation
- Transportation/Distance
- Sibling Attends Same School
- Schedule (parent working/ in school)
- Other: Explain \_\_\_\_\_
- Sibling was in Program

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By signing I agree this information may be shared with appropriate early childhood agencies.

I have discussed this family's eligibility for Head Start and the family services they provide. As indicated, the family chooses to be enrolled in GSRP. (Type or print all information below)

GSRP Location: \_\_\_\_\_ Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Contact Person: \_\_\_\_\_

School District of GSRP Program: \_\_\_\_\_

**Head Start Use Only**

I have reviewed the above information, and/or parent's documentation.

\_\_\_\_\_ Head Start releases this child to be enrolled in GSRP \_\_\_\_\_ Child is enrolled in Head Start for 2023-24 school year

Head Start Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Referral Process:

- All Great Start Readiness Program (GSRP) families that are under the 100%FPL must be referred to Head Start. As stated in the GSRP Implementation Manual GSRP enrollment is deferred while the referral to head Start is completed (Recruitment and Enrollment page 4 of 7).
- Families must be informed of the services that Head Start has to offer.
- In addition, Head Start will refer families over the 100% FPL to GSRP programs.
- Families eligible for Head Start who wish to enroll in GSRP must complete a Release form and it must be emailed within 48 hours of the family applying to GSRP.
- The Release form must be emailed to [MCAHeadStart@macombgov.org](mailto:MCAHeadStart@macombgov.org) by the GSRP Program staff.
- The Release form will be returned to GSRP Program staff within two weeks via the email or fax (same way as it was received).
- If the Release form indicates a child is or has been enrolled in Head Start, Head Start will contact the family to determine which program better suits the family needs. The Release form will indicated which option the family has chosen.
- Questions: Call 586-469-5215 or email [MCAHeadStart@macombgov.org](mailto:MCAHeadStart@macombgov.org)