

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. The application process could take up to thirty (30) days.

CHILD INFORMATION

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

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
_____	_____	_____
Approved Activity	Name of Activity	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 examined by me and that the information provided is true and accurate to the best of my knowledge.

Signature of Parental Authority Date

