

ENROLLMENT APPLICATION CHECKLIST

No application is complete until all requirements are check on the list below:

- ABC Child Application
- ABC Well Child Screening Form
- Birth Certificate or Hospital Record
- Immunization Record (with catch up schedule if necessary)
- USDA Food Program Eligibility Form
- Proof of Income: Total Family Income
 - 30 days current pay stubs
 - Income Tax Form
 - W2
 - Other _____
- If unemployed:
 - Current school schedule
 - Notarized statement signed by the parent stating that there is no earned income.

With the signature(s) below, I agree that the above requirements are completed and that all information is accurate. I understand that the submission of false documentation to receive ABC services may result in exclusion from participation in any DHS program (including Medicaid) and referral for criminal prosecution.

Child's Name: _____

Parent Signature: _____ **Date:** _____

Program Staff: _____ **Date:** _____