Contracted Slots Transition Form

INFANT TODDLER (CS-IT) TO PRE-KINDERGARTEN TRANSITION

Child's Name: _____

Child's Third Birthday: _____

Your child will be turning three years old on **{child's third birthdate}.** At this time, you must indicate if you are interested in funding for pre-kindergarten so that a transition plan can be developed. Please note that the funding options (e.g., Child Care Works, PA Pre-K Counts, Head Start, or private pay) each have different eligibility requirements and timelines.

Please check the statement that applies:

☐ **We are NOT interested in any funding for pre-kindergarten**

- By selecting this option, we understand that our child will transition off Contracted Slots funding on the child's third birthday, and we will need to make other payment arrangements for child care.

☐ **We are ONLY interested in Child Care Works**

- By selecting this option, we understand that our child will transition off Contracted Slots funding on the child's third birthday, and we will need to follow redetermination of eligibility procedures as directed by the Early Learning Resource Center (ELRC).

☐ **We are interested in PA Pre-K Counts or Head Start funding, Option #1 or Option #2**

- By selecting this option, we understand that the PA Pre-K Counts or Head Start program will determine eligibility in alignment with the program's recruitment timeline.
- We understand that our child will not be eligible to attend PA Pre-K Counts or Head Start until **{PA Pre-K Counts or Head Start start date}.** Our child may remain on Contracted Slots funding until the first day of PA Pre-K Counts or Head Start programming.
- Six weeks prior to the PA Pre-K Counts or Head Start start date, we will review and/or update the Contracted Slots Transition Intent Form. The updated form will be completed on: _____.

☐ **OPTION #1: We are ONLY interested in PA Pre-K Counts or Head Start.**

☐ **OPTION #2: We are interested in BOTH Child Care Works and PA Pre-K Counts or Head Start.**
We understand that to utilize CCW funding for wrap-around care, we must follow the redetermination of eligibility procedures as directed by the Early Learning Resource Center (ELRC) six weeks prior to the PA Pre-K Counts or Head Start start date.

☐ **We are interested in Contracted Slots for Children with Disabilities (CS-D).**

- By selecting this option, we understand that our child will transition from CS-IT funding on/after the child's third birthday to CS-D funding, if the other eligibility criteria are met. If there is no lapse in care, no redetermination of eligibility will be required at the time of CS-D enrollment.
- Additionally, we understand that our child must have a current Individualized Education Plan (IEP) to qualify for a CS-D slot.

☐ **Other:** _____

For Contracted Slots for Children with Disabilities (CS-D) Providers ONLY

CONTRACTED SLOTS WITH DISABILITIES (CS-D) TO KINDERGARTEN TRANSITION

Child's Name: _____
Kindergarten Eligibility Date: _____

Your child will be age-eligible for kindergarten entry on {start date of kindergarten for the child's home school district}. At this time, you must indicate if you are interested in funding for school-age care so that a transition plan can be developed.

Please check the statement that applies:

☐ **We are NOT interested in any funding for school-age care**

- By selecting this option, we understand that our child will transition off Contracted Slots funding on the last day of child care or the kindergarten start date.

☐ **We ARE interested in Child Care Works funding**

- By selecting this option, we understand that we will need to follow redetermination of eligibility procedures as directed by the Early Learning Resource Center (ELRC). Our child may remain on Contracted Slots funding until the transition back to CCW is completed.

- Six weeks prior to the kindergarten start date, we will review and/or update the Contracted Slots Transition Intent Form. The updated form will be completed on: _____.

PARENT / GUARDIAN INFORMATION

Parent/Guardian Name: _____
Signature: _____
Date Initial Form Completed: _____
Date of Second Review/Update: _____
Address: _____
Telephone Number: _____
Email Address: _____