

Neighbors In Need Of Services, Inc.
Individualized Transition Schedule (TC-1)
From Early Head Start to Head Start

2022.1

Document the progress of the following transition services as the child approaches the approximate ages listed below. Keep this document in the child's file in the Family Documentation section. Once completed upload attachment in ChildPlus under the enrollment section.

First: _____ Last: _____ CPID # _____

Phase 1 - At 30 months of age (6 months before 3rd Birthday)

Parent Conference done by (EHS FSW): _____

Discussion Points	Date	Initial
1. The transition process and timeline.		
2. Family and child understanding of program services.		
3. Any concerns or needs of the child including diet, allergy, health or if the child has an IFSP.		
4. If eligible to continue services and placement options.		
5. Preferred Head Start transition site.		
1.	2.	3.

Phase 2 - At 32 months of age (4 months before 3rd birthday)

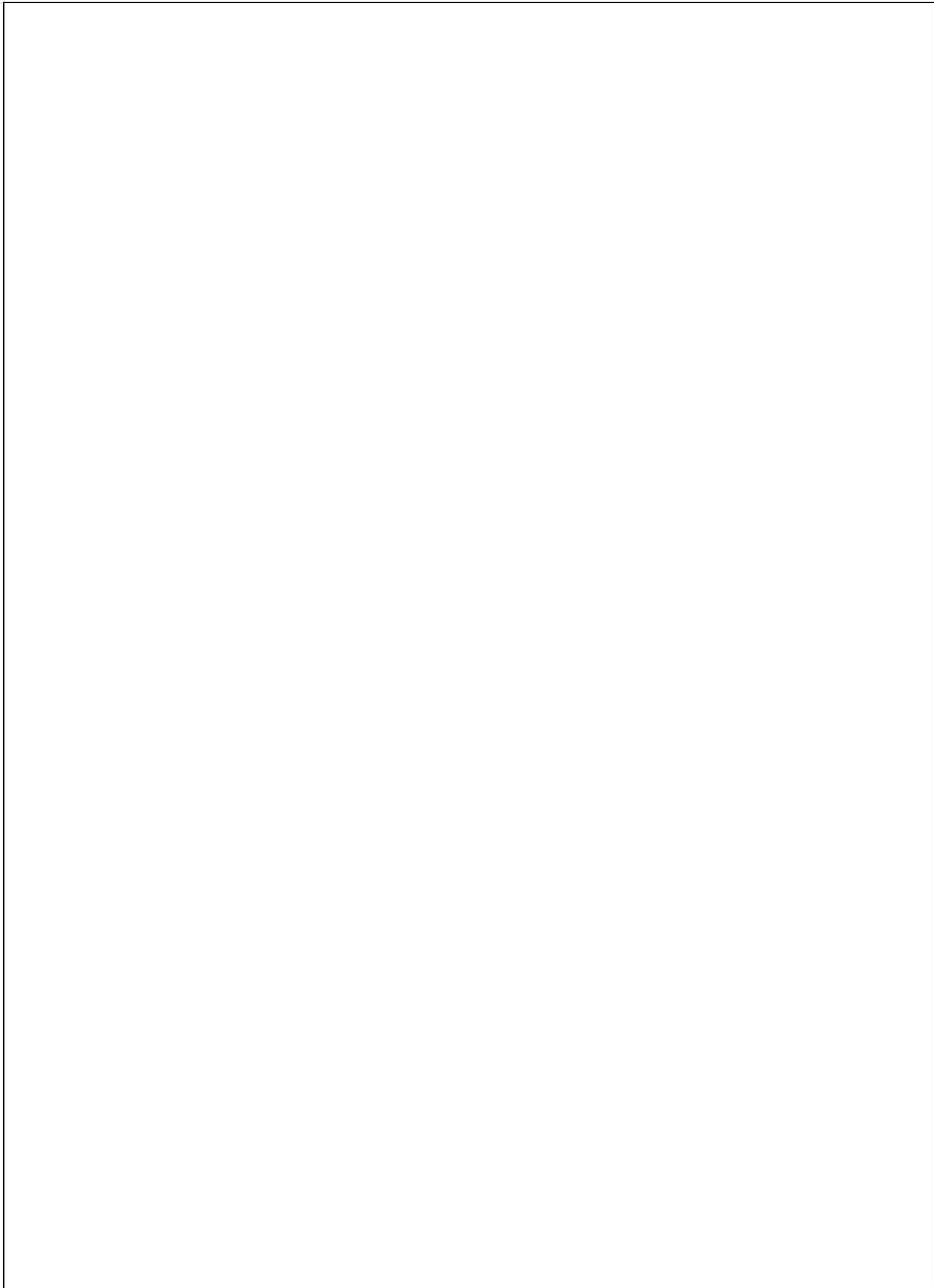
Documentation review completed by (EHS FSW): _____

Education	Inspected On	Family Services	Inspected On
ASQ Assessment		Transition Options	
Lap-BK Assessment		Family Partnership Agreement/Goals/Outcomes	
Parent Conference		Home Visit	
IFSP		Referrals with follow up	
Health	Inspected On	Disabilities	Inspected On
Physical Exam and immunizations		Diagnosis-Receiving Services	
Dental Exam		Referral in Process	

Phase 3 - 35 Months (2 months before 3rd birthday)

Documentation review completed by (EHS FSW): _____

Transition team meeting with family	Completed On
Joint EHS/HS teacher transition of family and child information	
Discuss the joint EHS/HS Family Service Worker transition plan and timeline.	
Discuss with the family pending documentation needed to complete the transition.	
Plan the family and child visit the center with the EHS FSW	
Visit the HS center and meet with Area Manager/FSW (child with parent)	
Visit the HS classroom and teacher (child, parent with EHS teacher)	
Notes – On next page if necessary	





Neighbors In Need Of Services, Inc.
Re-Verification Application (TC-2)
 2022.1

- | | |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Re-Qualified | <input type="checkbox"/> 100-130% OG |
| <input type="checkbox"/> Foster | <input type="checkbox"/> Over 130% OG |

Child's Information

First Last CPID Center

Are you or your child related to anyone employed with NINOS, Inc.?

Yes No If Yes, whom? Relationship: Position Center

Primary Adult (Only if there are changes)

Applicant Non-Applicant First Middle Last DOB

Secondary Adult (Only if there are changes)

Applicant Non-Applicant First Middle Last DOB

Child's Relationship	Employment	
<input type="checkbox"/> Biological/Adopted/Step <input type="checkbox"/> Foster <input type="checkbox"/> Grandchild <input type="checkbox"/> Other <input type="checkbox"/> Other Relative	<input type="checkbox"/> Full-Time & Training <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time & Training <input type="checkbox"/> Part-Time	<input type="checkbox"/> Retired/Disabled <input type="checkbox"/> Seasonally Employed <input type="checkbox"/> Training/School (Only) <input type="checkbox"/> Unemployed
	Occupation: _____	Length of time: _____
	Previous: _____	Length of time: _____

Additional Siblings *** (Born after initial enrollment)*

Name	Birthdate	Relationship to Child	Age

Family's Information (Only if there are changes)

Address City State Zip County email

Phone Number(s) Type (check one) Cell Home Work Opt in for Texts Yes No Parental Status One Parent Two Parent Primary Language English Spanish Medicaid WIC

Family Income (Needs to be completed)

Income Verified By	Verification Date	TANF Status	SSI	SNAP

Family Member	Amount	Frequency <small>1-year, 12-monthly, 26-bi-weekly, 52-weekly</small>	Annual Amount	Verification (for example: W2, check stub)	Notes
Primary	\$		\$		
	\$		\$		
Secondary	\$		\$		
	\$		\$		
Adults	Children	Total Members	Period of Eligibility	Total Annual Income	\$
				AIPHM	\$

Applicant Eligibility (Income Verification and Statement)

Interview?	Eligibility Determinant <i>(Income Status)</i>	Documentation used to determine Eligibility <i>For Categorical select only one For Income select all that apply</i>
		<input type="checkbox"/> Income Tax Form 1040 <input type="checkbox"/> W-2 <input type="checkbox"/> TANF Documentation <input type="checkbox"/> Pay stub or pay envelopes <input type="checkbox"/> Unemployment <input type="checkbox"/> Written Statement <input type="checkbox"/> Foster care reimbursement <input type="checkbox"/> SSI Documentation <input type="checkbox"/> SNAP Documentation <input type="checkbox"/> Family Signed Declaration <input type="checkbox"/> VA Pension <input type="checkbox"/> Homeless <input type="checkbox"/> Workman's Comp <input type="checkbox"/> Statement of Information

Certification: I certify that the information provided in this application is accurate and truthful to the best of my knowledge and give NINOS, Inc. permission to verify any information on this form. If this information is found to be false I may lose my benefits. This information given will remain strictly confidential. It is the policy of NINOS, Inc. that no person shall be subject to discrimination because of race, color, national origin, sex, sexual orientation, age, religion, creed, marital status, or the presence of any physical, mental or sensory handicap

Parent/Guardian: _____ Date: _____ Staff: _____ Date: _____

Manager: _____ Date: _____ Coordinator: _____ Date: _____

Neighbors In Need Of Services, Inc.
Transition Checklist (TC-3)
From Early Head Start to Head Start
 2022.1

Child's Information

First: _____ Last: _____ CPID # _____

EHS Center: _____ EHS Class: _____

EHS Teacher: _____ Family Service Worker: _____

Transition to Information

Transition Type: End of Year During School Year

HS Center: _____ HS Class: _____

HS Teacher: _____ HS Family Service Worker: _____

Step	Description	Date	Verified By:
1	Approved Income Re-Verification (form TC-2)		
2	Individualized Transition Schedule (form TC-3)		
4	Successful Transition Date: _____		

*This form must be completely filled out and approved and uploaded to ChildPlus before the child's first day of class in Head Start.