Menke Inc. – Little Red Wagon Daycare
747 W Lafayette Ave
Jacksonville, IL 62650
(217) 691-3435
https://www.janeneslrw.com/

Menke Incorporated – Little Red Wagon Daycare
Prevention Initiative Weighted Eligibility Screening Form

(For children birth to age 3 – Center-Based Program)

This form is used to identify families most in need of services per the ISBE Prevention Initiative guidelines. Eligibility is determined based on weighted risk factors identified through screening and parent interviews.

This weighted eligibility screening form is completed using information gathered through the parent interview and the results of the child's developmental screening. Menke Incorporated (DBA: The Little Red Wagon Daycare) uses this form to identify and prioritize families with the highest level of need for enrollment into the Prevention Initiative program. Points are assigned to each risk factor based on research, community need, and criteria outlined in the ISBE Prevention Initiative grant requirements.

The program prioritizes enrollment for families with the highest cumulative scores. If a waiting list is necessary, families with higher scores will be placed at the top. Once a family is enrolled, they may remain in the program until the child reaches age three, unless the family chooses to voluntarily withdraw.

This form is completed only once at the time of screening and enrollment. Menke Incorporated participates in community-wide screenings and collaborates with other agencies to ensure equitable access and service coordination.

Child's Full Name:_____ Date of Birth:_____ Age at Enrollment:_____

School/Program Name: Menke Incorporated (DBA: Little Red Wagon Daycare)

Primary Caregiver's name:_____ Relationship to Child:_____

Additional Caregiver's name:_____ Relationship to Child:_____

Primary Caregiver's Information

Phone:_____

Address:_____

City:_____ Zip:_____

Additional Caregiver's Information

Phone:_____

Address:_____

City:_____ Zip: _____

Primary Language Spoken at Home: _____

Family's annual household income: $_____

Number of people in Family/Household: _____

(Note: Family income does not have to be determined if poverty status has been established by proof of receipt of public benefits; however, programs may still wish to collect this information to better understand the families they serve.)

Menke Inc. – Little Red Wagon Daycare
747 W Lafayette Ave
Jacksonville, IL 62650
(217) 691-3435
https://www.janeneslrw.com/

Verification Method (check all that apply): WIC ■ SNAP ■ TANF ■ Medicaid ■ CCAP ■ Paystubs ■ SSI ■ Other (please list) ■: _____

Public Benefits:

WIC (185% FPL)
SNAP (165% FPL)
TANF (50% FPL)
Medicaid Card (138% FPL, must be in the parent's name)
CCAP (162% FPL)

Proof of Income (required only if no proof of public benefits above):

Paystubs
SSI
Other forms of income verification:

1. **Tax return (1040 or 1040EZ)**
   - Most recent federal tax return showing adjusted gross income
   - Especially helpful for self-employed individuals.
2. **W-2 Forms**
   - Provided by parent's employer showing prior year wages
3. **Letter from Employer**
   - On employer letterhead, stating wages, work hours, and pay schedule
4. **Unemployment Benefit Statement**
   - Official documentation showing the amount and duration of benefits
5. **Social Security Benefits Statement (SSA-1099 or Benefit Letter)**
   - For retirement, survivor, or disability income (not just SSI)
6. **Child Support Documentation**
   - Court-ordered agreements or payment statements (from parent or agency)
7. **Pension or Retirement Benefit Statements**
   - From employer or benefit agency (e.g., IMRF, TRS, Veterans Affairs)
8. **Self-Employment Income Statement or Ledger**
   - Income/expense documentation for small businesses, freelancers, or gig workers
   - May also include invoices or bank statements.
9. **Cash Income Affidavit (Signed Statement)**
   - When income is received in cash and no formal documentation exists
   - Signed statement from parent declaring monthly income and explanation.
10. **Public Aid Notices or Benefit Approval Letters (non-SNAP/TANF)**
    - Examples: Housing assistance, refugee assistance, disability aid
11. **Worker's Compensation Benefit Documentation**
    - Including the length of time and the compensation amount
12. **VA Benefits Letter**
    - If the parent is receiving Veteran Affairs disability or assistance

(Please attach any documents that support verification.)

All income verification documents must be retained in the child's permanent file and made available for ISBE monitoring or audit upon request.

All families must provide proof of income through ISBE-approved documentation such as pay stubs, public benefit enrollment, or other verified sources. This documentation is stored in the child's file and used to determine eligibility points per ISBE's Income Verification (2025).

Menke Inc. – Little Red Wagon Daycare
747 W Lafayette Ave
Jacksonville, IL 62650
(217) 691-3435
https://www.janeneslrw.com/

2025 Poverty Guidelines
Source: Office of the Assistant Secretary for Planning and Evaluation. (2023, January 19). *Poverty guidelines*. ASPE; U.S. Department of Health and Human Services. https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines

Persons in Family/Household	50% of FPL	100% of FPL	200% of FPL
1	7,825.00	15,650.00	31,300.00
2	10,575.00	21,150.00	42,300.00
3	13,325.00	26,650.00	53,300.00
4	16,075.00	32,150.00	64,300.00
5	18,825.00	37,650.00	75,300.00
6	21,575.00	43,150.00	86,300.00

*For families/households with more than 8 persons, add $5,500 for each additional person.

Required Priority Factors (50 points each)
1. _____ (50) Family is experiencing homelessness
2. _____ (50) Child is a Youth in Care / DCFS involvement (foster, intact family services)
3. _____ (50) Family income at or below 50% FPL or receiving TANF
4. _____ (50) Child enrolled in Early Intervention (EI) or referred due to developmental delay

Other Significant Risk Factors (25 points each)
5. _____ (25) Family income at or below 100% FPL
6. _____ (25) Parent did not complete high school or GED
7. _____ (25) Parent was a teenager when child was born
8. _____ (25) Parent/caregiver speaks a language other than English at home
9. _____ (25) Recent immigration (parent or child)
10. _____ (25) No consistent adult caregiver in the home
11. _____ (25) Child lives with someone other than biological parent
12. _____ (25) Limited parent-child interaction or concern noted during screening

Community-Specific Risk Factors (Up to 25 points each)
13. _____ (__) Transportation barriers limit access to services
14. _____ (__) Single-parent household
15. _____ (__) Unemployment or underemployment
16. _____ (__) Other significant concern: _____

_____ **Total Points**

*To be eligible for enrollment into the Prevention Initiative program, a minimum score of **20 points** must be met. In some cases, additional points may be assigned to certain risk factors based on the screener's professional judgment and supporting observations during the interview or screening process. If this occurs, a **written explanation must be included in the 'Notes' section** of this form.*

Enrollment Recommendation:
Directly enroll
Waitlist – high priority (no slot available)
Waitlist – lower priority
Not eligible

Menke Inc. – Little Red Wagon Daycare
747 W Lafayette Ave
Jacksonville, IL 62650
(217) 691-3435
https://www.janeneslrw.com/

Janet's Lil' Red Wagon
Professional Infant Academy and Prepatory School
217-691-3435

_____ _____
Staff Signature Date

Notes:

_____

_____

_____

_____

_____

_____

Outcome of Application Process:

Child enrolled in the Prevention Initiative Program.
Date Enrolled: _____
Child enrolled in Early Intervention.
Date Enrolled: _____
Child enrolled in another Birth to Age 3 Years Program
Please list:_____
Child not enrolled in any Birth to Age 3 Years Program.
Unknown

Menke Inc. – Little Red Wagon Daycare
747 W Lafayette Ave
Jacksonville, IL 62650
(217) 691-3435
https://www.janeneslrw.com/

Menke Incorporated – Little Red Wagon Daycare
Prevention Initiative Weighted Eligibility Screening Form

(For children birth to age 3 – Center-Based Program)

This form is used to identify families most in need of services per the ISBE Prevention Initiative guidelines. Eligibility is determined based on weighted risk factors identified through screening and parent interviews.

This weighted eligibility screening form is completed using information gathered through the parent interview and the results of the child's developmental screening. Menke Incorporated (DBA: The Little Red Wagon Daycare) uses this form to identify and prioritize families with the highest level of need for enrollment into the Prevention Initiative program. Points are assigned to each risk factor based on research, community need, and criteria outlined in the ISBE Prevention Initiative grant requirements.

The program prioritizes enrollment for families with the highest cumulative scores. If a waiting list is necessary, families with higher scores will be placed at the top. Once a family is enrolled, they may remain in the program until the child reaches age three, unless the family chooses to voluntarily withdraw.

This form is completed only once at the time of screening and enrollment. Menke Incorporated participates in community-wide screenings and collaborates with other agencies to ensure equitable access and service coordination.

Child's Full Name:_____ Date of Birth:_____ Age at Enrollment:_____

School/Program Name: Menke Incorporated (DBA: Little Red Wagon Daycare)

Primary Caregiver's name:_____ Relationship to Child:_____

Additional Caregiver's name:_____ Relationship to Child:_____

Primary Caregiver's Information	Additional Caregiver's Information
Phone:_____	Phone:_____
Address:_____	Address:_____
City:_____ Zip:_____	City:_____ Zip:_____

Primary Language Spoken at Home: _____

Family's annual household income: $_____

Number of people in Family/Household: _____

(Note: Family income does not have to be determined if poverty status has been established by proof of receipt of public benefits; however, programs may still wish to collect this information to better understand the families they serve.)

Menke Inc. – Little Red Wagon Daycare
747 W Lafayette Ave
Jacksonville, IL 62650
(217) 691-3435
https://www.janeneslrw.com/

Verification Method (check all that apply): WIC ■ SNAP ■ TANF ■ Medicaid ■ CCAP ■ Paystubs ■ SSI ■ Other (please list) ■: _____

Public Benefits:

- WIC (185% FPL)
- SNAP (165% FPL)
- TANF (50% FPL)
- Medicaid Card (138% FPL, must be in the parent's name)
- CCAP (162% FPL)

Proof of Income (required only if no proof of public benefits above):

- Paystubs
- SSI
- Other forms of income verification:
  1. **Tax return (1040 or 1040EZ)**
     - Most recent federal tax return showing adjusted gross income
     - Especially helpful for self-employed individuals.
  2. **W-2 Forms**
     - Provided by parent's employer showing prior year wages
  3. **Letter from Employer**
     - On employer letterhead, stating wages, work hours, and pay schedule
  4. **Unemployment Benefit Statement**
     - Official documentation showing the amount and duration of benefits
  5. **Social Security Benefits Statement (SSA-1099 or Benefit Letter)**
     - For retirement, survivor, or disability income (not just SSI)
  6. **Child Support Documentation**
     - Court-ordered agreements or payment statements (from parent or agency)
  7. **Pension or Retirement Benefit Statements**
     - From employer or benefit agency (e.g., IMRF, TRS, Veterans Affairs)
  8. **Self-Employment Income Statement or Ledger**
     - Income/expense documentation for small businesses, freelancers, or gig workers
     - May also include invoices or bank statements.
  9. **Cash Income Affidavit (Signed Statement)**
     - When income is received in cash and no formal documentation exists
     - Signed statement from parent declaring monthly income and explanation.
  10. **Public Aid Notices or Benefit Approval Letters (non-SNAP/TANF)**
      - Examples: Housing assistance, refugee assistance, disability aid
  11. **Worker's Compensation Benefit Documentation**
      - Including the length of time and the compensation amount
  12. **VA Benefits Letter**
      - If the parent is receiving Veteran Affairs disability or assistance

(Please attach any documents that support verification.)

All income verification documents must be retained in the child's permanent file and made available for ISBE monitoring or audit upon request.

All families must provide proof of income through ISBE-approved documentation such as pay stubs, public benefit enrollment, or other verified sources. This documentation is stored in the child's file and used to determine eligibility points per ISBE's Income Verification (2025).

Menke Inc. – Little Red Wagon Daycare
747 W Lafayette Ave
Jacksonville, IL 62650
(217) 691-3435
https://www.janeneslrw.com/

2025 Poverty Guidelines
Source: Office of the Assistant Secretary for Planning and Evaluation. (2023, January 19). *Poverty guidelines*. ASPE; U.S. Department of Health and Human Services. https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines

Persons in Family/Household	50% of FPL	100% of FPL	200% of FPL
1	7,825.00	15,650.00	31,300.00
2	10,575.00	21,150.00	42,300.00
3	13,325.00	26,650.00	53,300.00
4	16,075.00	32,150.00	64,300.00
5	18,825.00	37,650.00	75,300.00
6	21,575.00	43,150.00	86,300.00

*For families/households with more than 8 persons, add $5,500 for each additional person.

Required Priority Factors (50 points each)
1. _____ (50) Family is experiencing homelessness
2. _____ (50) Child is a Youth in Care / DCFS involvement (foster, intact family services)
3. _____ (50) Family income at or below 50% FPL or receiving TANF
4. _____ (50) Child enrolled in Early Intervention (EI) or referred due to developmental delay

Other Significant Risk Factors (25 points each)
5. _____ (25) Family income at or below 100% FPL
6. _____ (25) Parent did not complete high school or GED
7. _____ (25) Parent was a teenager when child was born
8. _____ (25) Parent/caregiver speaks a language other than English at home
9. _____ (25) Recent immigration (parent or child)
10. _____ (25) No consistent adult caregiver in the home
11. _____ (25) Child lives with someone other than biological parent
12. _____ (25) Limited parent-child interaction or concern noted during screening

Community-Specific Risk Factors (Up to 25 points each)
13. _____ (__) Transportation barriers limit access to services
14. _____ (__) Single-parent household
15. _____ (__) Unemployment or underemployment
16. _____ (__) Other significant concern: _____

_____ Total Points

*To be eligible for enrollment into the Prevention Initiative program, a minimum score of **20 points** must be met. In some cases, additional points may be assigned to certain risk factors based on the screener's professional judgment and supporting observations during the interview or screening process. If this occurs, a **written explanation must be included in the 'Notes' section** of this form.*

Enrollment Recommendation:
- ■ Directly enroll
- ■ Waitlist – high priority (no slot available)
- ■ Waitlist – lower priority
- ■ Not eligible

_____ _____
Staff Signature Date

Notes:

_____

_____

_____

_____

_____

_____

Outcome of Application Process:

- Child enrolled in the Prevention Initiative Program.
  Date Enrolled: _____
- Child enrolled in Early Intervention.
  Date Enrolled: _____
- Child enrolled in another Birth to Age 3 Years Program
  Please list:_____
- Child not enrolled in any Birth to Age 3 Years Program.
- Unknown

Menke Inc. – Little Red Wagon Daycare
747 W Lafayette Ave
Jacksonville, IL 62650
(217) 691-3435
https://www.janeneslrw.com/

Menke Inc. – Little Red Wagon Daycare
Prevention Initiative (PI) Parent Interview Form

(For children birth to age 3 – Center-Based Program)

This form must be completed during an in-person or phone interview with the child's parent or guardian.

This confidential form is intended to be completed in an interview with parent(s)/guardian(s) enrolling a child into the program. It is not to be given to the parent(s)/guardian(s) to complete. The completed Prevention Initiative Parent Interview Form will be used to complete the Preschool for All Eligibility Form. This Parent Interview Form must correspond with the Eligibility Form used. Respond to the questions in writing as revealed by the parent/guardian.

Date of Interview: _____

Child's Full Name: _____

Child's Date of Birth: _____

Preferred Name/Nickname: _____

Parent/Guardian Name(s): _____

Relationship to Child: _____

Phone Number(s): _____

Email Address: _____

Home Address: _____

Primary Language Spoken at Home: _____

Translator Required: _____

FAMILY COMPOSITION & RISK FACTORS

Who does the child live with? (Names and relationships): _____

_____

Number of adults in household: _____

Number of children in household: _____

Does your child have siblings? If yes, list names and ages.: _____

_____

Do any siblings have academic challenges or delays?: _____

_____

Does your family have reliable transportation?: _____

Is the child in foster care or under DCFS involvement?: _____

Does your child receive Early Intervention (EI) services?: _____

Has your child had a developmental screening? If yes, when and where?: _____

_____

Has the child experienced trauma or a stressful life event?: _____

_____

HOUSING STABILITY & HOUSEHOLD INFORMATION

Is your family experiencing housing instability? Check all that apply:

- ■ Living with others due to loss of housing or economic hardship
- ■ Living in a hotel/motel, emergency shelter, or transitional housing
- ■ Living in a car, park, abandoned building, bus/train station, or substandard housing
- ■ Child is in foster care or awaiting placement
- ■ None of the above

How many times has your family moved in the past year? _____

Does your family have reliable transportation? ■ Yes ■ No

Do you have regular access to fresh food and groceries? ■ Yes ■ No

Do you feel that reading and writing forms are easy or difficult for you? ■ Easy ■ Difficult

CHILD MEDICAL & DEVELOPMENTAL HISTORY

Was there anything unusual about the pregnancy or birth of this child? If yes, explain: _____

_____

Was there any drug or alcohol use during pregnancy? ■ Yes ■ No – If yes, describe: _____

Length of pregnancy: _____ weeks Birth weight: _____

Does the child currently take any medications? If yes, list: _____

Does the child have a diagnosed disability or developmental delay? ■ Yes ■ No

If yes, explain: _____

Has the child received services from a therapist or Early Intervention (EI) provider? ■ Yes ■ No

Provider/Agency Name (if known): _____

Does the child need a referral to Child and Family Connections (CFC)? ■ Yes ■ No

Does your child have any chronic health conditions or recent hospitalizations? If yes, describe: _____

SOCIAL & BEHAVIORAL HISTORY

Please describe your child's personality and behavior: _____

Does your child have opportunities to play with other children? ■ Yes ■ No If yes, where? _____

Has your child attended daycare or been cared for by someone other than family? ■ Yes ■ No

Has your child ever experienced trauma, stress, or grief? ■ Yes ■ No – If yes, please explain: _____

Are there any concerns about your child's social or emotional development? ■ Yes ■ No – If yes, explain: _____

Are there behaviors that concern you (e.g., aggression, withdrawal, excessive crying)? ■ Yes ■ No

If yes, please describe: _____

Menke Inc. – Little Red Wagon Daycare
747 W Lafayette Ave
Jacksonville, IL 62650
(217) 691-3435
https://www.janeneslrw.com/

PARENT INFORMATION

Mother/Guardian Name and DOB: _____

Highest education level completed (Mother/Guardian): _____

Father/Guardian Name and DOB: _____

Highest education level completed (Father/Guardian): _____

Are either parent/guardian currently employed? If yes, list workplace(s): _____

_____

Annual household income: _____

Number of people in the household: _____

Are you currently pregnant? If yes, expected due date: _____

Are you receiving WIC, SNAP, TANF, CCAP, Medicaid, or other public benefits? If so, please list: ____

_____

Notes (For Staff Use)

_____

_____

_____

_____

ATTESTATION

The information provided on this form is true and accurate to the best of my knowledge. I understand that this information will be used to determine eligibility and assist with program planning.

_____ **Date:** _____

Parent/Guardian Signature

_____ **Date:** _____

Staff Interviewer Signature

Menke Inc. – Little Red Wagon Daycare
747 W Lafayette Ave
Jacksonville, IL 62650
(217) 691-3435
https://www.janeneslrw.com/

Menke Inc. – Little Red Wagon Daycare
Prevention Initiative (PI) Parent Interview Form

(For children birth to age 3 – Center-Based Program)

This form must be completed during an in-person or phone interview with the child's parent or guardian.

This confidential form is intended to be completed in an interview with parent(s)/guardian(s) enrolling a child into the program. It is not to be given to the parent(s)/guardian(s) to complete. The completed Prevention Initiative Parent Interview Form will be used to complete the Preschool for All Eligibility Form. This Parent Interview Form must correspond with the Eligibility Form used. Respond to the questions in writing as revealed by the parent/guardian.

Date of Interview: _____

Child's Full Name: _____

Child's Date of Birth: _____

Preferred Name/Nickname: _____

Parent/Guardian Name(s): _____

Relationship to Child: _____

Phone Number(s): _____

Email Address: _____

Home Address: _____

Primary Language Spoken at Home: _____

Translator Required: _____

FAMILY COMPOSITION & RISK FACTORS

Who does the child live with? (Names and relationships): _____

_____

Number of adults in household: _____

Number of children in household: _____

Does your child have siblings? If yes, list names and ages.: _____

_____

Do any siblings have academic challenges or delays?: _____

_____

Does your family have reliable transportation?: _____

Is the child in foster care or under DCFS involvement?: _____

Does your child receive Early Intervention (EI) services?: _____

Has your child had a developmental screening? If yes, when and where?: _____

_____

Has the child experienced trauma or a stressful life event?: _____

_____

HOUSING STABILITY & HOUSEHOLD INFORMATION

Is your family experiencing housing instability? Check all that apply:

- ■ Living with others due to loss of housing or economic hardship
- ■ Living in a hotel/motel, emergency shelter, or transitional housing
- ■ Living in a car, park, abandoned building, bus/train station, or substandard housing
- ■ Child is in foster care or awaiting placement
- ■ None of the above

How many times has your family moved in the past year? _____

Does your family have reliable transportation? ■ Yes ■ No

Do you have regular access to fresh food and groceries? ■ Yes ■ No

Do you feel that reading and writing forms are easy or difficult for you? ■ Easy ■ Difficult

CHILD MEDICAL & DEVELOPMENTAL HISTORY

Was there anything unusual about the pregnancy or birth of this child? If yes, explain: _____

_____

Was there any drug or alcohol use during pregnancy? ■ Yes ■ No – If yes, describe: _____

Length of pregnancy: _____ weeks Birth weight: _____

Does the child currently take any medications? If yes, list: _____

Does the child have a diagnosed disability or developmental delay? ■ Yes ■ No

If yes, explain: _____

Has the child received services from a therapist or Early Intervention (EI) provider? ■ Yes ■ No

Provider/Agency Name (if known): _____

Does the child need a referral to Child and Family Connections (CFC)? ■ Yes ■ No

Does your child have any chronic health conditions or recent hospitalizations? If yes, describe: _____

SOCIAL & BEHAVIORAL HISTORY

Please describe your child's personality and behavior: _____

Does your child have opportunities to play with other children? ■ Yes ■ No If yes, where? _____

Has your child attended daycare or been cared for by someone other than family? ■ Yes ■ No

Has your child ever experienced trauma, stress, or grief? ■ Yes ■ No – If yes, please explain: _____

Are there any concerns about your child's social or emotional development? ■ Yes ■ No – If yes, explain: _____

Are there behaviors that concern you (e.g., aggression, withdrawal, excessive crying)? ■ Yes ■ No

If yes, please describe: _____

Menke Inc. – Little Red Wagon Daycare
747 W Lafayette Ave
Jacksonville, IL 62650
(217) 691-3435
https://www.janeneslrw.com/

PARENT INFORMATION

Mother/Guardian Name and DOB: _____

Highest education level completed (Mother/Guardian): _____

Father/Guardian Name and DOB: _____

Highest education level completed (Father/Guardian): _____

Are either parent/guardian currently employed? If yes, list workplace(s): _____

_____

Annual household income: _____

Number of people in the household: _____

Are you currently pregnant? If yes, expected due date: _____

Are you receiving WIC, SNAP, TANF, CCAP, Medicaid, or other public benefits? If so, please list: ____

_____

Notes (For Staff Use)

_____

_____

_____

_____

ATTESTATION

The information provided on this form is true and accurate to the best of my knowledge. I understand that this information will be used to determine eligibility and assist with program planning.

_____ **Date:** _____

Parent/Guardian Signature

_____ **Date:** _____

Staff Interviewer Signature