

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

2022.5

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 the 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 (FSW): _____

Discussion Points	Date	Parent Initials
1. Explain the transition process and timeline starting at 29 months.		
2. Ensure the family understands program services, policies, procedures, and requirements		
3. Review the ASQ SE (30 months) for any concerns or needs of the child including special diets, allergies, health, or if the child has an IFSP (Copy of IFSP & Special Diet)		
4. If the child is eligible to continue services in Head Start select 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 (FSW): _____

Dates should reflect when FSW reviewed the folder

Education	Inspected On	Family Services	Inspected on
ASQ Assessment		Transition Options	
Lap-BK Assessment		Family Partnership Agreement/Goals/ Outcomes	
Transition Conference		Home Visit	
IFSP- ECI- (Etc.)		Referrals with follow-up	
Health	Inspected On	Disabilities	Inspected On
Physical Exam and immunizations		Diagnosis-Receiving Services	
Dental Exam		Referral in Process	
Medical and Dental Home			
Health Coverage			
Growth and Nutrition Assessment			
Lead			

Phase 3 - 35 Months (2 months before 3rd birthday) Completed by (FSW): _____

Transition team meeting with family	Date Completed	Parent Initials
Meeting between EHS/HS teachers to discuss transition and child and family information		
The Family Service Worker and FS Coordinator will plan the transition and timeline		
Discuss with the family any pending required documentation needed to complete the transition. (e.g., 3yr. old physical, immunizations, ARD, etc.)		
Plan for the family and child to visit the center with the 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)		



Neighbors In Need Of Services, Inc. Re-Verification Application (TC-2) 2022.4

 Re-Qualified 100-130% OG
 Foster 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 (Required)	
<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: _____
	If less than 12 months	

Additional Siblings **(Born after initial enrollment)

Name	Birthdate	Relationship to Child	Age

Family's Information (Required)

 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 (Required)

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 <small>(Income Status)</small>	Documentation used to determine Eligibility <small>For Categorical select only one For Income select all that apply</small>	
	Approved for USDA/CACFP Eligibility	<input type="checkbox"/> SNAP Documentation <input type="checkbox"/> SSI Documentation <input type="checkbox"/> Homeless <input type="checkbox"/> Foster Placement letter <input type="checkbox"/> TANF Documentation	<input type="checkbox"/> Income Tax Form 1040 <input type="checkbox"/> W-2 <input type="checkbox"/> Income Statement Form <input type="checkbox"/> Pay stubs <input type="checkbox"/> Unemployment <input type="checkbox"/> VA Pension <input type="checkbox"/> Family Signed Declaration <input type="checkbox"/> Foster care reimbursement AGL (Child Support) Other: _____

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
 2022.4

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)		
3	Successful Transition Date: _____ (Completed by Main Office)		

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