NORTH Dakota | Health & Human Services
Be Legendary.

BEST IN CLASS
Child Information Form 2023-2024

One of the goals of BEST IN CLASS is to help make quality early experiences affordable and accessible to all families. The below information is being collected to determine eligibility to participate. The program ensures that the 4-year-old children attending BEST IN CLASS represent all abilities and economic status. BEST IN CLASS will use the information to meet enrollment and tuition fee scale requirements. ***All information you share is confidential.***

Child's Name: _____ Date of Birth: _____

STARS State ID (*for program use only*) _____

Is your child currently on an Individual Education Plan (IEP)? Yes or No

Is your child currently receiving any additional services (speech, OT, PT)? Yes or No
If your child is receiving additional services, please explain: _____

_____

Do you currently receive or are you eligible to receive any of the following services?

Yes	No	Child Care Assistance Program (CCAP)
Yes	No	Supplemental Nutrition Assistance Program (SNAP)
Yes	No	Medicaid or Children's Health Insurance Program (CHIP)
Yes	No	Housing Assistance (Housing Choice Voucher, USDA rent assistance)
Yes	No	Free or Reduced Lunch program

How many **people** are currently living in your household*? _____
**A "household" includes anyone who lives together in one place most of the time, even if not related.*

Please indicate the range that best describes your gross household income* by choosing the chart that corresponds to the number of people in your household. Place a check mark by your household income range.
**Gross household income includes any income earned by a household member who is age 18 or older.*

2 Person Household	3 Person Household	4 Person Household
_____ <$43,687	_____ <$53,966	_____ <$64,246
_____ $43,688-$72,812	_____ $53,967-$89,944	_____ $64,247-$107,076
_____ $72,813-$109,218	_____ $89,945-$134,916	_____ $107,077-$160,614
_____ >$109,219	_____ >$134,917	_____ >$160,615

5 Person Household	6 Person Household	7 Person Household
_____ <$74,525	_____ <$84,804	_____ <$86,732
_____ $74,526-$124,208	_____ $84,805-141,340	_____ $86,733-$144,553
_____ $124,209-$186,312	_____ $141,341-$212,010	_____ $144,554-$216,829
_____ >$186,313	_____ >$212,011	_____ >$216,830

If your program charges tuition, your monthly tuition will be determined based on the sliding fee scale.

I confirm that the information I have provided above is true and correct to the best of my knowledge. I agree to provide additional information if requested.

_____ _____ _____
Printed Name of Person Completing Signature Date