



EDWARD C. MAZIQUE PARENT CHILD CENTER, INC. OF THE DISTRICT OF COLUMBIA

1719 13TH STREET, NORTHWEST WASHINGTON, DC 20009 TEL. (202) 462-3375 FAX. (202) 552-2607

Wendell Campbell, DBA
Chairman of the Board

Almeta R. Keys, M. Ed., M. Div.
Chief Executive Officer

Selection Criteria

This Section to be Completed by Applicant

Location: ☐ Ruth Rucker ☐ Amidon Bowen:

Registering Parent/Guardian Name _____ DOB _____ Education Level _____

Co-Registering Parent/Guardian Name _____ DOB _____ Education Level _____

In Household ☐ Yes ☐ No (If no) is the other Parent Involved? ☐ Yes ☐ No (If yes) Documented Court Order? ☐ yes ☐ No

Address _____ Quadrant _____ APT# _____ State _____ Zip _____

Cell Phone: _____ Work Phone: _____ Email: _____

Enrolling child(ren) indicate [E]

Household Children (under 18) indicate [C]

	Name of Household member	Sex	DOB

	Name of Household member	Sex	DOB

Family Size: _____ Primary Language _____ Other Languages Spoken _____ Race & Ethnicity: _____

Military? ☐ Yes ☐ No Veteran? ☐ Yes ☐ No Health Insurance ☐ Yes ☐ No

Eligibility (Circle One):

☐ TANF ☐ SNAP ☐ Housing Hardship ☐ Child Support ☐ S.S.I. ☐ Foster Care ☐ Unemployed ☐ Work/Income

☐ Other _____ (If Work) Hours Per Week _____ (Income) (Est. Annual Gross): \$ _____

How did you hear about our program? _____

Registering Parent Signature: _____ Date: _____

By signing above, you are attesting that the information you provided is true and accurate to the best of your knowledge.

This Section to be Completed by E.R.S.E.A. Staff:

	Intake	Verified
Child from a family receiving TANF/SNAP/WIC/Foster Care	15	
Family living below the federal poverty level	15	
Family living between 101%-130% of the federal poverty level	5	
Parent in college or training program	10	
Child from a one parent household	10	
Experiencing Housing Hardship	20	
Parent or Child: Seeing a therapist, i.e. speech, occupational, physical, IFSP, IEP, etc.	10	
Child with a sibling enrolled in the program	10	
Family has 3 or more children under the age of 5	5	
Over Income 130% ☐ Yes ☐ No	Priority: ☐ Yes ☐ No	Total

E.R.S.E.A Staff Name: _____ Date _____

