



CHAMPAIGN COUNTY
REGIONAL PLANNING
COMMISSION

Memorandum

To: Champaign County Regional Planning Commissioners
From: Brandi Granse, Early Childhood Division Director
Date: Thursday, November 12, 2020
Subject: Action Item – RPC November 20, 2020 Meeting

I recommend approval of the Family Priority List for 2021-2022. There are no changes from last year's selection criteria.

We use this "points sheet" to determine which family is offered enrollment when an opening in the program becomes available. If you will remember, the Federal requirement is that, for first-time applicants, we must offer an enrollment vacancy to the family with the greatest need first, no matter the date of the family's application.

A copy of the Family Priority List for 2021-2022 is included in this month's meeting materials for your review.



Early Childhood Education Program

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people.possibilities.

FAMILY PRIORITY LIST

PY 2021-2022

Family Name: _____ **Program Year** _____ **Date Completed** _____

	Points	Score
Income		
Low income 100 - 75% below poverty guidelines/categorically eligible/SSI or TANF recipient	70	
Low income 74 - 50% below poverty guidelines	60	
Low income 49-25% below poverty guidelines	50	
Low income 24-0% below poverty guidelines	45	
Over-income 1-30% over poverty guidelines	40	
Over-income 31-55% over poverty guidelines	20	
Over-income 56% and over poverty guidelines	10	
Age		
48 to 60 months	70	
36 months - 47 months	55	
24 months - 35 months	40	
12 months - 23 months	30	
6 weeks - 11 months & expectant mothers	10	
Parental Status		
Teen Parent	70	
Single parent Home	50	
Other Guardian or Relative	40	
Program Factors/ Status		
TANF/SSI/Child Care Subsidy/Homeless/Foster child	70	
HS child is eligible for third year	55	
Child is transitioning from EHS to HS	45	
Sibling currently enrolled in HS/EHS	30	
Mother participated in the Pregnant Mother Program	20	
Social Service Factors		
Combination of 3 or more factors	70	
Combination of 2 factors	50	
Single Factor	20	
Subtotal		
Diagnosed Disability with IEP or IFSP (Enrolling child) Type of Disability _____.		
Severe	80	
Moderate	60	
Mild	40	
Total Score		

This applies to all Family Members

Social Service Factors list (check all that apply)

Only factors documented in application or case note may be given priority

- Recent Divorce/Separation (*within last year*)
- Recent Death of Family Member/Close Friend (*including miscarriage*) [*within last year*]
- Recent/Impending Eviction
- Domestic Violence Issues
- Child Abuse/Neglect
- Drug/Alcohol Abuse
- Lack of English Spoken in Home
- Lack of Food in the Home
- Child is receiving childcare by unlicensed relative or friend
- Lack of Access to Transportation
- Lack of Household Utilities
- Recent Incarceration or Recent Release from Incarceration
- Homeless/Transitional Housing
- Lives in medically under-served community (*Sidney Township, Sadorus Township, Crittenden Township, Pesotum Township, Tolono Township, Raymond Township, Ayers Township, Philo Township, South Homer Township, Colfax Township*)
- Single parent is working or going to school or a combination of both GED, High School Diploma, 1st College Degree (*graduate level degrees do not receive priority*)
- Both parents are working or going to school or a combination of both GED, High School Diploma, 1st College Degree (*graduate level degrees do not receive priority*)
- Teen Parent
- Grandparent raising grandchild
- Parent/Guardian deployed to active military engagement
- Diagnosed Health impairment of anyone in household (parent, child, sibling) Name: _____
Impairment _____
- Agency Referral: _____
- Other Issues: _____
- Other Issues: _____

Health Impairment List (for reference when marking Social Service Factors)

- Cancer
- Blood Disorder (i.e. hemophilia, sickle cell, anemia)
- Neurological Disorder (Seizures)
- Heart Condition/Disease
- HIV/AIDS
- Overweight or Underweight (including low birth weight)
- Diabetes
- Child with severe dental needs
- Chronic Asthma (requires health plan)
- Other _____
- Mental Illness

Type of diagnosed disability (for reference when filling out Diagnosed Disability)

- Speech & Language Impairments
- Hearing Impairment (including deafness)
- Orthopedic Impairment
- Visual Impairment (including blindness)
- Mental Retardation/Impairment
- Non-categorical Developmental Delay
- Learning Disability
- Autism
- Other _____