

**Child & Family Resources
Program Administration Scale (PAS)
Application**



(Applications are accepted between September 1st and November 30th. Programs will be notified of acceptance into the program by January 1st.)

Child Care Center Name:

Director:

Center Address:

Center Address:

Center E-mail:

Center Telephone Number:

Total Number of Families Served:

Program Description

This is your opportunity to brag about your program. Please state why your program is interested in participating in the PAS project.

Program Description Continued...

Ages Served:

(Please provide the age breakdown of the children served by the program. Estimate/enter the percent to the nearest whole number for each age group. Total must equal 100.) To the best of your knowledge please provide the following information.

% Infants (18 months and under)

% Toddlers (18 – 36 months)

% Preschool (3-4 years)

% School Age (5 years and older)

Income Served :

(Please self report the household income breakdown of the families served by the program. Estimate/enter the percent to the nearest whole number for each income served by the program. Total must equal 100.) To the best of your knowledge please provide the following information.

% under \$20,000

% \$20,000 - \$35,000

% \$35,001 - \$50,000

% \$50,001 - \$75,000

% \$75,001 - \$100,000

% over \$100,000

Ethnicity:

(Please provide the ethnicity breakdown of the families served by the program. Estimate/enter the percent to the nearest whole number for each ethnic group. Total must equal 100.) To the best of your knowledge please provide the following information.

% African American

% Asian/Pacific Islander

% Caucasian

% Hispanic

% Native American

% Other

At Risk Populations:

(Please provide the At Risk breakdown of the families served by the program. Estimate/enter the percent to the nearest whole number. Total must equal 100.) To the best of your knowledge please provide the following information.

% High Risk

% Low Risk