THE STARTING POINT LEARNING CENTER
614.491.1914

Head of Household First Name		Middle			Last			
Head of Household E-mail Address:								
Street Address		City		State		Zip Code		

Household Composition	First Name	Last Name	SSN	Gender	Date of Birth Month	Day	Year	FT/PT
Female Adult								
Male Adult								
1st Child								
2nd Child								
3rd Child								
4th Child								
5th Child								
6th Child								
Other Adult								
Other Adult								

PLEASE READ BEFORE SIGNING: The undersigned Parent/Legal Guardian hereby certifies that the information contained herein is true and accurate

The undersigned parent/legal guardian hereby acknowledges that the Household Composition Form must be signed in order to initiate services, to add children, and/or to change a schedule, and that failure to sign may prevent or delay the processing of services. By signing this form, I certify that the information contained herein is true and accurate, and I understand I will be held reponsible for any underpayment that occurs as a result of having provided inaccurate and/or misleading information.

I, ____ (parent initials) authorize SPLC to provide the necessary information to determine my eligibility for the program. Any information shared pursuant to this document shall remain confidential according to state and federal law.

What Columbus City School will your child attend according to your address? : ____ : _____

(If unsure call (614) 365-5000)

Parent/Legal Guardian Signature	X _____	Date _____
Parent/Legal Guardian Name PRINTED	X _____	Telephone Number _____
Provider Signature	X _____	Date _____
Provider Name PRINTED	X _____	Telephone Number _____