

Creating a New Enrollment in CHIPS

These step by step instructions walk you through how to create a new enrollment in CHIPS for children in **SPP Pathway and SPP Agency-Selected** classrooms.

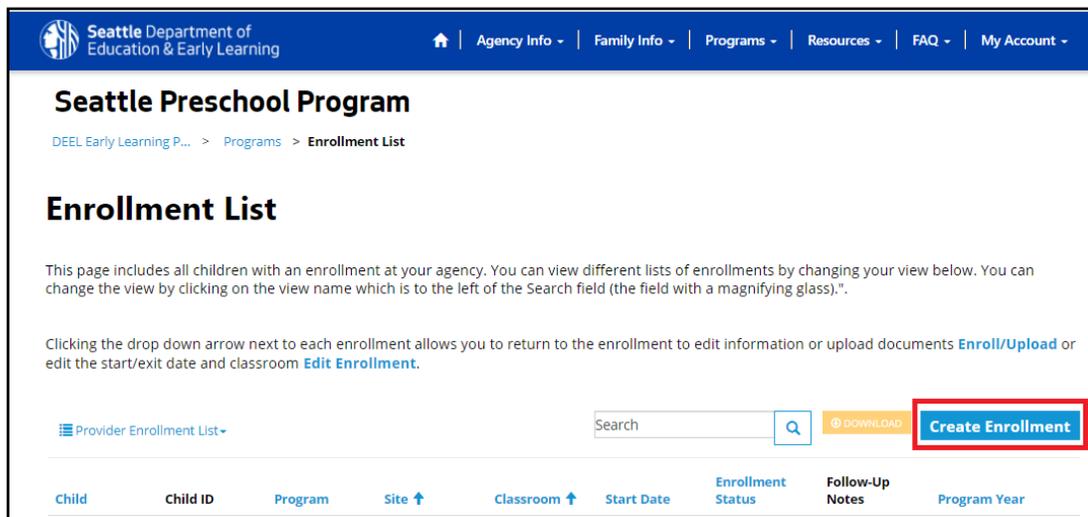
This enrollment process should take about ten minutes per enrollment and will need to be completed for each child enrolled. You will need to attach the child's supporting documents at the end of this enrollment.

Step 1: Navigate to the Enrollment List

Log into [CHIPS](#), go to the *Programs* Tab and select *Enrollment List*.



You will be directed to the page below. Click the *Create Enrollment* button:



Step 2: Enter Enrollment Information

Complete the fields for Program (School) Year, Program, Program Aligned, Start Date, Site and Classroom.

CREATING A NEW ENROLLMENT

For SPP classrooms, every child in the classroom must be entered into CHIPS. Please list the program as SPP and use the "Program Alignment" to delineate children who are "Agency-Selected Ineligible," "ECEAP" or "Head Start" blended.

For Pathway classrooms, every child should be entered into CHIPS, but only Pathway-funded children need documentation collected and submitted. Children not funded by Pathway are considered "Private Pay." Private Pay children must still have a consent signed in order to participate in the classroom and evaluation.

Program Year *

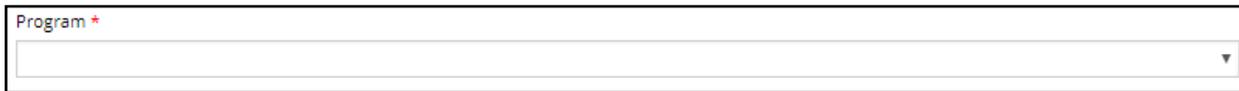
Program *

Start Date (MM/DD/YYYY)

Site *

Classroom *

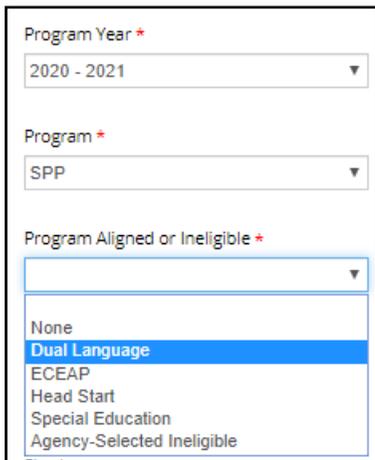
Program



Select the program the child is enrolling in. Children in the Pathway classroom who are *not* in a Pathway-funded seat will be considered *Private Pay*. **All children in a classroom with any DEEL funding will need to be in CHIPS.**

Program Aligned

This field will only display for SPP programs.

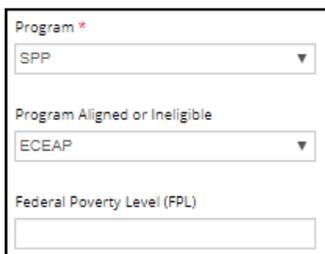


Program Aligned refers to a child enrolling in SPP who has been selected by the agency for one of the following reasons:

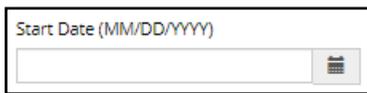
- Dually-enrolled in Head Start or ECEAP (This selection will display an FPL field)
- Dual-language speaker
- Receiving special education services
- This is also where you'll indicate if this child's enrollment will be considered Ineligible for SPP. (This must already be negotiated in your contract.)

Federal Poverty Level (only for ECEAP/Head Start program alignment)

An FPL field will display for any SPP program-aligned children with ECEAP or Head Start. ECEAP/HS children are automatically age-eligible and free tuition. For this reason, please enter the FPL percentage the agency calculated, and you will NOT need to enter income or Household members later in the process.



Start Date



The start date is the first day the child attends the program. This date should reflect the *first day the child is in the classroom*. DEEL will use this date to calculate attendance, days a child is in the classroom as it pertains to screenings and assessments, etc. Please leave it blank unless you know the first day the child will be in the classroom.

You may have to return to this enrollment later and add the start date. Providers are responsible for editing this start date **within five days of the child starting. This is critical for ensuring tuition-paying families receive their tuition bill on time.**

Site

Select the drop-down arrow to select the site the child will be attending.

Classroom

Select the drop-down arrow to select the classroom the child will be in. Only the classrooms for the site you just selected will display.

The classroom can be edited later, so if the classroom is not yet identified for this child, select any classroom.

Step 3: Enter Household and Child Information

Locate an existing household, parent and child, or create a new one.

Household *

Household already in the system OR create a new household

Parent/Guardian *

Parent/Guardian already in the system OR new parent/guardian first name Parent/Guardian last name

Child *

Child already in the system OR new child first name Child last name

Was this child previously enrolled in your program? *

If this child or their sibling has been enrolled at your agency before, you can search for them and use existing information, rather than entering all the information again. **Searching for existing households will help prevent duplicated accounts in CHIPS and will minimize your data entry.**

Existing Household

If you know the family has an existing relationship with your agency or aren't sure, click on the magnifying glass. [Only click "Create a new household" if you *know* the family doesn't have an existing relationship with your agency. Skip to the *New Household* steps below.]

Household *

Household already in the system

A pop-up window will open and display a list of households already associated with your agency. (This is your whole agency, not just individual site.)

Account Name ↑	Account Number	Primary Contact	Preferred Method of Contact	Primary Phone (Primary Contact)	Primary Email (Primary Contact)
✓ [blurred]	A27060	[blurred]	Any	[blurred]	[blurred]
[blurred]	A27059	[blurred]	Any	[blurred]	[blurred]
[blurred]	A27064	[blurred]	Any	[blurred]	[blurred]
[blurred]	A27074	[blurred]	Any	[blurred]	[blurred]
[blurred]	A27003	[blurred]	Any	[blurred]	[blurred]

Select Cancel Remove value

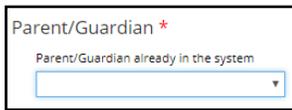
To select an existing household, either scroll through the accounts or use the search box.

- The search box will only search in the blue columns. (It will not find results for phone number or email address.)
- Account names are most often listed under the primary parent's last name.
- Clicking on a blue column header will re-sort the list alphabetically by the column you selected. This may be most helpful on the Primary Contact column to sort by the parent's first name.

Once you've located the correct household, click in the space directly to the left of the account name (where the check mark is on the image above.) Click **Select** once you're finished.

Existing Parent/Guardian

Click the drop down to see the list of adults in the household you selected. The primary parent/guardian should be on this list already. Click on the name.



Parent/Guardian *

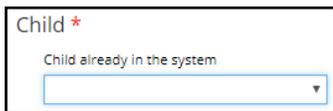
Parent/Guardian already in the system

[Dropdown menu]

If you're confident that you selected the correct household, but you don't see the name of the parent you expect, please do NOT continue. Rather, please create a new household (skip to that step below) and let your Program Intake Representative resolve duplicate accounts, if necessary. It's better for you to create duplicate households/children than to inadvertently enroll a child in the wrong household.

Existing Child

Click the drop down to see the list of children in the household you selected. Select the name of the child you're enrolling.



Child *

Child already in the system

[Dropdown menu]

If the child you expect to see is not listed, and the household/parent are accurate, enter the first/last name of the new child in the fields to the right.



OR new child first name child last name

[Text input] [Text input]

New Household

If you have confirmed the family doesn't have an existing relationship with your agency, click "Or create a new household."



OR create a new household

New Parent/Guardian

Enter the primary parent/guardian's first and last name.



OR new parent/guardian first name parent/guardian last name

[Text input] [Text input]

New Child

Enter the child's first and last name.



OR new child first name child last name

[Text input] [Text input]

Previously Enrolled

If this child was *previously enrolled* in your program as either a rising three-year old or a non-city-funded child, then you would answer “Yes” to *Was this child previously enrolled in your program?*

Was this child previously enrolled in your program? *

Press *Submit* to continue.

Step 4: Complete the information for the Child.

You will notice that many data fields may say “your child.” This is because parents will also use these web pages to enroll their children. Please know that, for providers, you can interpret these fields as “this child.”

Child Information

Please enter information about the child you are enrolling.

Seattle is a Welcoming City because we believe in inclusion and equity. City employees do not ask about citizenship status and serve all residents regardless of immigration status. Immigrants and refugees are welcome here.

Required Fields *

First Name *

Middle Name

Last Name *

Birth Date *


How does this child identify?

Language child learned first *

Language spoken most at home *

This person is supported by parent/guardians' income

The drop-down list of languages is compiled from the most commonly listed languages from families over the last three years. If the language the family listed is not included in this list, please select “Other” and a new field will appear to enter the language.

Language child learned first *

Other

Other first learned language

“This person is supported by parents’ income” can be found on the household member page of the enrollment packet. It’s assumed that if the parent/guardian is enrolling this child, the parent/guardian supports the child financially. If you have reason to think this is not the case, please contact your PIR to clarify.

Race/Ethnicity is required.

Race/Ethnicity *

- American Indian/Alaskan Native
- Asian
- Black/African American
- Hispanic/Latino of any race
- Native Hawaiian/Other Pacific Islander
- North African/Middle Eastern
- White

Once you select a race (from the Federal 7 categories,) a list of ethnicities for that category will display.

Select *Submit* to continue.

Step 5: Complete the information for the primary Parent/Guardian.

Primary Guardian Information

Please enter information about the parent/guardian of the child enrolling.

Required fields *

General	Contact Information
<p>First Name *</p> <input type="text" value="*Parent"/>	<p>Primary Email</p> <input type="text"/>
<p>Middle Name</p> <input type="text"/>	<p>Primary Phone *</p> <input type="text"/>
<p>Last Name *</p> <input type="text" value="*Name"/>	<p>Primary Phone Type *</p> <input type="text"/>
<p>Date of Birth</p> <input type="text"/>	<p><input type="checkbox"/> Allow SPP to Text Updates</p>
<p>Relationship to child *</p> <input type="text"/>	<p>Alternate Phone</p> <input type="text"/>
<p>Preferred Language for Communication *</p> <input type="text"/>	<p>Alternate Phone Type</p> <input type="text"/>
<p>Language spoken most at home</p> <input type="text"/>	
<p><input type="checkbox"/> This person has no income</p>	

Please enter all required fields (*) and **do not use your own email address** as it will interfere with your CHIPS permissions and lock you out.

If this person has no income (as listed on the household member/income page,) please check this box. This helps the PIR determine which adults have income to calculate.

Select *Submit* to continue.

Step 6: Enter additional information about the child for this school year.

Enrollment Information

Please enter information about this child and this enrollment year.

Program Year *	Provider	Site *
2020 - 2021	DEMO - Agency ABC	*DEMO - Site DEF

Is this child in foster care?
 No Yes

Does this family either own or rent their own home?
 No Yes

During school hours, does this child need help with a medical condition? (i.e. allergies, diabetes, etc.)

“Does this family either own or rent their own home?” is intended to identify families experiencing homelessness (using the McKinney-Vento definition of homelessness.) If the answer is no, an additional question will appear.

Does this family either own or rent their own home?
 No Yes

What is your current living situation? *

Select *Next* to continue.

Step 7: Enter address information for the household.

Address Information

Please enter the address of the child's Parent/Guardian. Physical addresses must be within the city of Seattle.

Use this link to confirm address eligibility: <https://www.seattle.gov/council/meet-the-council/find-your-district-and-councilmembers>.

Is your family/student enrolled in the WA State Address Confidentiality Program? If yes, please submit a copy of your CAP card.
 No Yes

Do you have any safety concerns as it pertains to reporting/verifying your address with DEEL? If yes, DEEL will contact you directly to verify your program eligibility.
 No Yes

Physical Address	Mailing Address
Street address (if homeless, list nighttime address) *	<input type="checkbox"/> Same as physical address Street address (exclude apt/suite/unit #) *
<input type="text"/>	<input type="text"/>
Apartment, suite, unit, etc.	Apartment, suite, unit, etc.
<input type="text"/>	<input type="text"/>
City *	City *
<input type="text"/>	<input type="text"/>
State *	State *
<input type="text" value="WA"/>	<input type="text" value="WA"/>
ZIP/Postal Code *	ZIP/Postal Code *
<input type="text"/>	<input type="text"/>

Address Confidentiality Program

Parents who have a confidential address through the state do not need to offer their physical address, but should offer their mailing address. The mailing address does not need to be within Seattle. Please ensure you submit the CAP card when submitting address documents.

Safety Concerns with sharing address

For parents not officially enrolled in the confidential address program, but who fear for their safety by offering their address, they will be contacted by DEEL directly to verify their address eligibility. The mailing address does not need to be within Seattle.

Homeless

If the family is experiencing homelessness, please identify their nighttime address, which must be in Seattle. This may be an address that is near their approximate/temporary location, if needed. Please make an effort to collect a mailing address for the family.

Click *Next* to continue.

Step 8: Enter ALL household members.

Household Member Information

Please add all members of your household here. This should include anyone who lives at the same residence, is financially supported by the primary parent/guardian, and is related by blood, marriage, or adoption to the primary parent/guardian.

Please be sure to list all children in the household. Failure to enter each household member may result in incorrect eligibility determination by the Program Intake Representatives, so please ensure all household members are included below.

If you would like to remove someone from this list, select the drop-down arrow to edit, and then remove the member by clicking the "Remove person from household" checkbox.

[Add Adult](#) [Add Child](#)

Full Name ↑	Relationship to Child	Primary Phone	Primary Email	Preferred Language for Communication	This person has no income	This person is supported by parent/guardian's income	
*Child *Name						true	▼
*Parent *Name	Mother	5555555555		Other		true	▼

[Back](#) [Next](#)

It is *very important* to enter all adults and children in the household. Failure to enter all household members will impact the calculation of the family's federal poverty level (FPL) which will impact their eligibility determination or their tuition amount.

Children enrolling in either Private Pay, or SPP and program aligned with ECEAP or Head Start will not see the Household Member page.

Adding an Adult

Click [Add Adult](#)

Household Adult

Please enter information about the household member.

A household member is someone who lives with the parent(s) of the child, who is supported by the income of the parent(s) in the household, and who is related by blood/marriage/adoption to the parent applicant.

General

Remove Person from Household

First Name *

Middle Name

Last Name *

Date of Birth

Relationship to child *

Language spoken most at home

This person is supported by parent/guardians' income

This person has no income

Contact Information

Primary Email

Primary Phone

Primary Phone Type

Allow SPP to Text Updates

Alternate Phone

Alternate Phone Type

[Back](#) [Next](#)

Enter all required fields. Be sure to select “This person is supported by parents/guardians’ income” and “This person has no income” if applicable.

Select *Next* when finished.

Adding a Child

Click [Add Child](#)

Household Child

Please enter information about the child(ren) in your household.

This child must live with the parent/guardian, be supported by the income of the parent/guardian(s), and be related by blood/marriage/adoption to the parent/guardian applicant.

Remove Person from Household

First Name *

Middle Name

Last Name *

Relationship to enrolled child

Birth Date *

How does your child identify?

This person is supported by parent/guardians' income

[Back](#) [Next](#)

Enter all required fields. Click *Next* when finished.

Removing a household member from the list

Especially for existing households, you may see a person listed who shouldn't be (anymore.) If that's the case, from the Household Member list, select the drop-down arrow next to their name and click Edit.

Relationship to Child	Primary Phone	Primary Email	Preferred Language for Communication
			<input type="text"/>

Select the box next to “Remove Person from Household.” This will remove them from the list. You cannot remove the child you're enrolling.

Remove Person from Household

Select *Next* when finished confirming all the household members.

Step 9: Enter household income information.

Children enrolling in either Private Pay, or SPP and program aligned with ECEAP or Head Start will not see the income page.

Please enter all income sources for the household if it's listed on the enrollment packet.

For SPP children who are considered Agency-Selected *Ineligible*, income verification is not required. Simply click *Next* without entering income information.

Household Income

Please list the income earner/recipient, the source of the income and the annual amount (Gross, pre-tax, pre-deductions.)

Prefer to accept full tuition (for SPP only) and not submit your income documentation?

Please submit income information below and select "Opt out of income" in the **Income Source** field.

Family has no income?

Please submit income information below and select "No Income" in the **Income Source** field.

Submit income information

Household Member	Start Date ↑	Employer	Source	Amount
There are no records to display.				

Back **Next**

For all income types, please click

Submit income information

If SPP families agree to accept full tuition, they do not need to verify their income, in which case, please "Submit Income Information" and indicate the source as "Opt Out."

If families do not have any income at all, please "Submit Income Information" and indicate the source as "No Income."

Income Information

Please enter all the information you have about this income record.

Family Member *

Income Source *

Annual Income *

Start Date *

End Date

Back **Next**

Family Member

Select a family member for this income by clicking on the drop down. If the adult isn't listed, please click back to the household page and add them.

Income Source

Select the type of income. If the income is from employment, two new fields will appear:

Employer

Job Title

Please review the paystubs submitted and enter the employer name and job title, if possible.

If the family is opting out of income, they will need to submit an "Acceptance of Full Tuition" form with their signature as their "income verification."

By clicking "Next," I understand I will be responsible for paying the full annual tuition amount of **\$10,450*** to the City of Seattle for the **2020-2021** school year for six-hours per day, Monday-Friday, for the Seattle Preschool Program. I also understand that I am responsible for paying any fees associated with extended day care for my child (outside the six-hour SPP day,) directly to my provider.

****This amount is the full tuition amount for 2019-2020. We anticipate an approximate 2% increase in the total tuition amount for 2020-2021. Please contact SPPbilling@seattle.gov with specific questions.**

Family Member *

Income Source *

Start Date *

If the family doesn't have any income, selected the "No Income" option under Income Source.

Cash benefits like TANF and SSI are considered verifiable income. If your family has no verifiable income, you will be asked to submit a declaration of no income when uploading your income documents. If you have no income, please click "Next."

The "Declaration of No Income" form is available on the final page of this enrollment process or by contacting preschool@seattle.gov.

Enter today's date for start date

Family Member *

Income Source *

Start Date *

Annual Income

Enter the annual gross income before deductions and taxes. This can simply be what the parent wrote on the form.

Start Date

This is when the income started. It's likely you won't have this information, so please identify the date on the earliest paystub offered (income documents should have dates. However, if you are unable to enter the earliest date, enter today's date.)

End Date

Only enter information into this field if you are editing an existing income record that the parent didn't list on their enrollment packet this year. Otherwise, please leave this field blank.

Step 10: Enter consent responses.

Optional Consent

By participating in the Preschool Program, parents/legal guardians agree to all of the *above*. The following are *optional* consents.

Program evaluation: DEEL may contract with an external evaluator to assess how classroom quality influences children's learning. External researchers may also conduct child-friendly assessments in language, literacy, math, and behaviors that help children learn. You may opt out at any time. I grant permission for my child to participate in child-level assessments for program evaluation.

No

Sharing Special Education Information: DEEL, the Provider, and the District may share information if your child has been evaluated by the District's Special Education Department to support your child in having the greatest opportunity for success in preschool. I consent to the District sharing personally identifiable information from my child's special education records or Individualized Education Program (IEP) with DEEL (who may share this with my child's preschool provider and/or PHSKC) for comprehensive support in the Preschool Program. Information may include academic records, educational evaluations, social/emotional evaluation, medical and clinical records, vision/hearing evaluation, psychological evaluations, speech/language evaluation and/or occupational and physical therapy evaluation. This information may only be shared with DEEL until August 31, 2022.

No

Sharing intake documents: Your preschool or childcare provider may request documents from you for administrative purposes. For your convenience, DEEL may share documents submitted to the City with your provider. I grant DEEL permission to share proof of age, address, or income documents with my provider.

No

Photo/Video:
I grant permission for my child to be photographed or videotaped for: Educational purposes, digital, print, and video promotions related to the City's preschool programs (continuous consent)

No

Teacher quality improvement: the teacher is the focus of any recording for feedback purposes, only reviewed by preschool and DEEL staff (recordings retained for two weeks)*

No

Teacher evaluation through an external evaluator: the teacher is the focus of any recording for evaluation purposes, only reviewed by the evaluators (recordings retained for two weeks)*

No

Public Health official guidance: the classroom environment is the focus of any recording for evaluation purposes, only reviewed by public health partners (recordings retained for two weeks)*

No

Communication with DEEL:
DEEL may contact you during the intake process and with occasional enrollment-related communication. If you would like to be contacted for other reasons, please check the boxes below.

Participation in interview or funding panels for DEEL or other City departments

Email updates from the Department of Education and Early Learning.

Media interviews, quotes, or input

Childcare Assistance Program:
If you are interested in applying for financial assistance to pay for childcare before/after preschool program hours and during preschool breaks, please confirm below and a member of our team will be in touch with you. The Childcare Assistance Program requires (1) the child's parent/legal guardian(s) to be working or enrolled in school and (2) families must meet income requirements based on family size.

I'm interested and all adults in my home are students or employed- Contact me!

To revoke any of these consents at any time, please contact DEEL directly in writing at preschool@seattle.gov or The Seattle Preschool Program, PO Box 94665, Seattle, WA 98124.

*DEEL/City of Seattle is an agency subject to the Public Records Act (PRA) and while the foregoing represents DEEL's operating policy and intended practice, DEEL will comply with any legal obligations requiring preservation or release of records, while asserting any available exemptions or objections.

REQUIRED PARENT/GUARDIAN SIGNATURE

By signing below, I 1) consent to my child participating in DEEL's Preschool Program, 2) confirm I have read the Privacy Statement, and 3) confirm I authorize the sharing of data as initiated above. I understand that my participation may be terminated from the program if it is found that I have provided false information, including but not limited to: not providing all the information required to determine eligibility and/or falsifying documents.

Program Consent *

No

Program consent must be yes. If the parent did not sign the consent, please follow-up with the parent. It must be signed.

Select *Next* to continue.

Step 11: Review the information.

Review & Submit

Please review the information you have entered. If you need to make changes, click on the "Edit Information" button in the section that you need to edit. If you find yourself unable to edit information, please contact us.
When everything looks correct, please click Submit.

Child Information

First Name: *Child [Edit Information](#)
Middle Name: Asian: Yes
Last Name: *Name
Birth Date: 05-05-2016
Identifies As: Female

Language child learned first: Other
Language spoken most at home: Other

Parent/Guardian Information

First Name: *Parent [Edit Information](#)
Last Name: *Name Primary Phone: 5555555555
Relationship to Child: Mother Primary Phone Type:
Preferred language for communication: Other Alternate Phone:
Email Address: Alternate Phone Type:
Texting Allowed: Yes

Enrollment Information

Is child in foster care? No [Edit Information](#)
Does family own/rent home? Yes
Required help with medical condition?

Household Information

Physical Address 1: 700 5th Ave [Edit Information](#)
Physical Address 2: Mailing Address 1: 700 5th Ave
Physical Address City: Seattle Mailing Address 2:
Physical Address State: WA Mailing Address City: Seattle
Physical Address ZipCode: 98104 Mailing Address State: WA
Confidential Address: No Mailing Address ZipCode: 98104
Address Safety Concerns: No

Household Members

Name	Relationship	Preferred Language	Email	Primary Phone	Income	Supported by Parent guardians' Income
*Child *Name	Child	Other			No Income	Yes
*Parent *Name	Mother	Other		5555555555	Yes	Yes
*Parent2 *Name	Mother	English			Yes	Yes
*Sibling *Name	Child				No Income	Yes

[Edit Information](#)

Income

Household Member	Start Date	End Date	Employer	Source	Amount
*Parent *Name	05-15-2020			No Income	N/A

[Edit Information](#)

Consent

Program Evaluation: No [Edit Information](#)
Sharing Intake Documents: No Email Updates: No
Photo/Video Consent: Yes Media Interviews: No
Participate in Interview: No Interested in CCAP: No
Program Consent: Yes

[Back](#)[Next](#)

If any information needs to be edited, click [Edit Information](#) to return to that page.

You will be able to return to this page and edit information until you finalize the enrollment.

Click *Next* to continue.

Step 12: Upload required documents

Upload the supporting documents for this enrollment. For specific enrollment requirements, please connect with your enrollment coordinator.

Once you have uploaded all required documents for this enrollment, click "Next" to see a list of the uploaded documents and confirm that the upload is complete

- Enrollment Packet/Consent
- Proof of address (1-2 documents)
- Proof of child's age (1 document)
- Proof of income (All necessary)

[Declaration of No Income:](#)
[Opt-Out of Verifying Income \(SPP only\):](#)
[Self-Employment Form:](#)
[Housing Affidavit:](#)
[Child Support Form:](#)

CHILD'S AGE
All programs have an age requirement. Submit **ONE** document from this list.

- Birth Certificate
- Passport
- Government-issued ID
- Medical Records
- Immigration documentation with birthdate

ADDRESS
Documentation must be no more than 3 months old, include the name of the applicant, and cannot be envelopes or personal correspondence.

Submit **ONE** from this list **OR** Submit **TWO** from this list from different sources. (ex. lease and paystub)

<ul style="list-style-type: none">Utility Bill<ul style="list-style-type: none">GasWater/GarbageLight/ElectricalCableLandline phoneHome/Renters InsuranceMortgage Document	<ul style="list-style-type: none">Insurance document (Health, car, etc.)Benefits document from the agency (DSHS, SSI, paystub, etc.)Financial document (Bank statement, Retirement, credit card statement, etc.)Other billsDriver's License (non-expired; can only submit one per household)Lease or housing agency letter (current)
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All DEEL programs are for people who live in the City of Seattle only. For families who are experiencing homelessness, in transition, or otherwise unable to offer documentation above, please contact DEEL to request a housing affidavit form.

INCOME
Submit documentation for **all** income your household receives.

If you have income from...

EMPLOYMENT (Submit one of these options)

- Pay Stubs- Previous 3 full months
- Employer letter (**only when starting new job**)- must be on letterhead, includes start date, hours worked, wage and dated from the last 90 days
- Self-employed- Request the Self-Employment form from DEEL

STUDENT (Submit anything applicable)

- Financial aid- Award letter
- Work study- Award letter or supervisor letter including hours/wage

OTHER INCOME (Submit anything applicable)

- TANF or other cash benefits- current award letter
- Rental income- Schedule E tax document from most recent tax year
- Other income- 3 months of statements

If you have...

CHILD SUPPORT (Submit either of these options)

- Received: Court documentation with amount
- Received: Child Support Statement (request from DEEL)

Paid Weekly?
Submit 12 paystubs

Paid every two weeks?
Submit 5-7 paystubs

Paid bi-monthly?
Submit 6 paystubs

Paid monthly?
Submit 3 paystubs

Document Type *

Select Document *

Choose File No file chosen

Upload

If you're unsure which documents are required for this enrollment, please contact Human Service Coordinator to clarify.

Forms are available for quick download at the top of this screen.

Select the Document Type

Document Type *

Enrollment Packet

Mass Scan

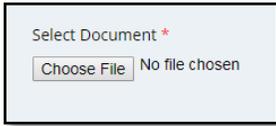
Proof of Address

Proof of Child's Age

Proof of Income

Select the type of document you plan to upload. If you're only uploading consent (For Private Pay children or for SPP Agency-Selected Ineligible children), upload it as the Enrollment Packet.
The Mass Scan option should be used if you are uploading all documents (EP, Age, Address, Income) as one single PDF.

Locate the file on your computer by clicking "Choose File" and navigating your files.



Click **Upload**

As you upload documents, they will appear below the blue buttons. The page must "hard" refresh by either refreshing your browser or adding another document, first. Then the documents will appear as you add them.



Document Type	File Name	Date Uploaded
Enrollment Packet		04/02/2019

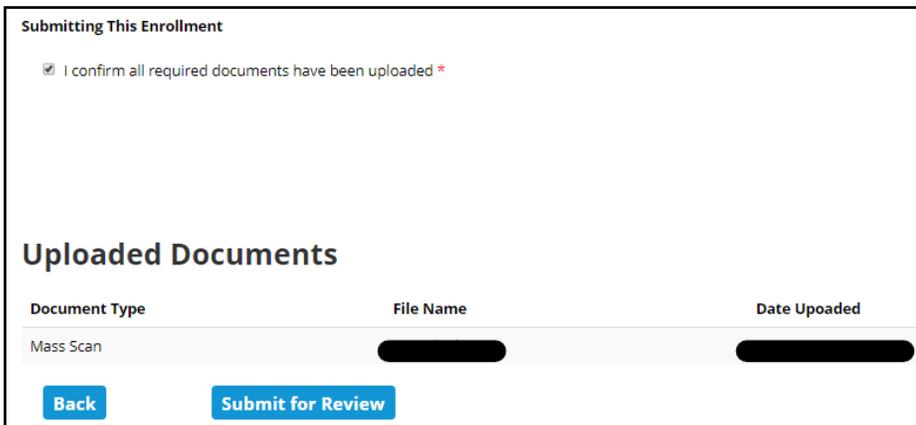
REMINDER:

The signed consent page (with the parent signature) should be uploaded for proof of consent.

When you're done uploading documents, click **Next**

Step 13: Confirming and Submitting

If you've uploaded all required documents, click "I confirm all required documents have been uploaded." This will send the enrollment straight to the Program Intake Representative to review. Then click "Submit for Review."



Submitting This Enrollment

I confirm all required documents have been uploaded *

Uploaded Documents

Document Type	File Name	Date Uploaded
Mass Scan	[REDACTED]	[REDACTED]

Back **Submit for Review**

If you have not uploaded all required documents, click "Back" or just exit the screen and return to this enrollment to upload documents later.

IMPORTANT: You must *both* click "I confirm all required documents have been uploaded" and "Submit for review" in order for this enrollment to go to the PIR.

Step 14: Finish

Congratulations! The screen below indicates that your submission is complete.



This enrollment has been submitted for Intake review.

Your Program Intake Representative (PIR) will review this enrollment and will make comments in the "Follow Up Notes" if anything additional is needed.

Return to Enrollment List

