NYC EarlyLearn
UPK Case Submission Log

DATE: _____ PROGRAM NAME: _____ PROGRAM #: _____

UPK CONTACT NAME: _____ UPK CONTACT PHONE #: _____

UPK CONTACT EMAIL: _____ UPK CONTACT FAX #: _____

	TO BE COMPLETED BY PROGRAM		TO BE COMPLETED BY RA STAFF				
	Case Name (Last Name, First Name)	N = New R = Resubmission	Eligible Date	Case Number (If Eligible)	Ineligible Date	Ineligible Reason	Data Entry Date
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

SUMMARY – TO BE COMPLETED BY RA STAFF			
New UPK Applications		Resubmissions	
Total # Eligible _____	Total # Ineligible _____	Total # Eligible _____	Total # Ineligible _____