**Child Information – General**

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| First Name: Click or tap here to enter text. | Middle Initial: Click or tap here to enter text. | Last Name: Click or tap here to enter text. |
| Date of Birth (month/day/year): Click or tap here to enter text. | Gender: [ ] M [ ] F |

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| What is this child’s home language? Click or tap here to enter text. | 2nd language: Click or tap here to enter text. |
| Does this child speak: | [ ] Only English | [ ] Mostly English and another language | [ ] Some English, but mostly another language |
| [ ] Both English and another language the same (bilingual) | [ ] Only a language other than English |

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| Is this child Hispanic/Latino? [ ] Yes [ ] No |
| What is this child’s race? Check all that apply: |
| [ ] African/African American/Black[ ] Asian[ ] Alaska Native/Native American/American Indian | [ ] Native Hawaiian or Pacific Islander[ ] White[ ] Not listed above: Click or tap here to enter text. |
| What is your family’s heritage/tribe/country of origin? Click or tap here to enter text. |

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| Has this child previously attended these programs? Only check the **most recent**: |
| [ ] None[ ]  Early Support for Infants and Toddlers (ESIT) or any Birth-to-Three/Home Visiting program | [ ] Head Start/Early Head Start/ECEAP in King or Pierce County, Washington State[ ] Head Start/Early Head Start/ECEAP in another Washington State County | [ ] Migrant/Seasonal Head Start anywhere in Washington State |
| When did this child last attend? Click or tap here to enter text. | Name and location of program: Click or tap here to enter text. |
| Is this child currently enrolled in a community slot at this site? [ ] Yes [ ] No |
| Is this child a **sibling** of a currently enrolled child at this site? [ ] Yes [ ] No |

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| **The questions below are for information only. Answering “Yes” will not affect your eligibility or enrollment in the program.** |
| Is this child in official foster care or kinship care **with** a grant amount? [ ] Yes [ ] No |
| **If yes,** what is the Case Number or Client ID Number? Click or tap here to enter text. |
| What is the monthly grant/payment amount and source? **$** Click or tap here to enter text.# of children covered by grant amount: Click or tap here to enter text. | [ ] DSHS [ ] SSI [ ] Tribe [ ] Other |
| Is this child in kinship care **without** a grant amount? [ ] Yes [ ] No |
| Was this child adopted after foster care or kinship care? [ ] Yes [ ] No |
| Does your family currently receive services through Child Protective Services (CPS), Family Assessment Response (FAR), or Indian Child Welfare (ICW)? [ ] Yes [ ] No |
| Has your family received services from CPS/FAR/ICW in the past? [ ] Yes [ ] No |
| Is your family currently approved for child care through CPS or FAR?[ ] Yes – How many approved hours per week? Click or tap here to enter text. [ ] No |
| Has this child ever been asked to leave an early learning program because of behavior issues? [ ] Yes [ ] No |

**Child Information – Health**

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| Does this child have medical insurance? [ ] Yes [ ] No |
| **If yes**, what type? | [ ] Washington Apple Health/ProviderOne | [ ] Private Insurance | [ ] Tribal | [ ] Military Medical Coverage |
| Does this child have a regular doctor or medical clinic? |
| [ ] Yes - Name of clinic/provider: Click or tap here to enter text. | Name of medical professional: Click or tap here to enter text. |
| [ ] No |
| Did this child have a well-child exam within the last 12 months? |
| [ ] Yes – Date of last exam (month/day/year): Click or tap to enter a date. |
| [ ] No | [ ] Date Unknown |
| What is your child’s immunization status? [ ] Fully immunized [ ] Exempt [ ] Not fully immunized or exempt [ ] Not sure |

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| Does this child have dental insurance? [ ] Yes [ ] No |
| **If yes,** what type? | [ ] Washington Apple Health/ProviderOne | [ ] Private Insurance | [ ] Tribal | [ ] ABCD | [ ] Military Dental Coverage |
| Does this child have a regular dentist or dental clinic? |
| [ ] Yes - Name of clinic/provider: Click or tap here to enter text. | Name of dental professional: Click or tap here to enter text. |
| [ ] No |
| Did this child have dental exam within the last 6 months? |
| [ ] Yes – Date of last exam (month/day/year): Click or tap to enter a date. |
| [ ] No | [ ] Date Unknown |

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| Has this child been diagnosed by a Health Care Provider with a chronic health condition (may include asthma, cancer, diabetes, seizures, ADHD, autism, spina bifida, sickle cell disease, or life-threatening allergies)? |
| [ ] Yes – Please describe: Click or tap here to enter text. | The health condition is considered: [ ] Severe [ ] Moderate [ ] Mild |
| [ ] No |

**Child Information - Development**

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| Do you have concerns about this child’s health? [ ] Yes – check all that apply below [ ] No |
| [ ] Low birth weight (less than 5.5 lbs/5 lbs 8 oz.)[ ] Hearing | [ ] Preterm birth less than 37 weeks[ ] Fine motor/gross motor | [ ] Drug/alcohol affected [ ] Tooth pain/decay/bleeding gums |
| [ ] Vision | [ ] Food intolerance/special diet – Please describe: Click or tap here to enter text. |

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| Does this child have a **current and active** Individual Education Plan (IEP) or Individual Family Service Plan (IFSP)?[ ] Yes – Please provide a copy with your application. |
| [ ] No – Check if any of these apply: |
| [ ] My child has a diagnosed developmental delay or disability, has no IEP, **or** is being referred for evaluation.[ ] My child has a suspected developmental delay or disability. |

**Parent/Guardian Information**

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| This child lives with: |
| [ ] One parent/guardian **(complete Parent/Guardian 1)** |
| [ ] Two parents/guardians in the same household **(complete Parent/Guardian 1 & 2)** |
| [ ] Two parents/guardians in two households **(complete Parent/Guardian 1 & 2)** |

|  | **Parent/Guardian 1** | **Parent/Guardian 2** |
| --- | --- | --- |
| Name | Click or tap here to enter text. | Click or tap here to enter text. |
| Relationship to child | [ ] Biological/Adopted/Stepparent | [ ] Biological/Adopted/Stepparent |
| [ ] Foster Parent[ ] Grandparent | [ ] Aunt/Uncle[ ] Other: Click or tap here to enter text. | [ ] Foster Parent[ ] Grandparent | [ ] Aunt/Uncle[ ] Other: Click or tap here to enter text. |
| Gender | [ ] M [ ] F [ ] Not specified | [ ] M [ ] F [ ] Not specified |
| Date of Birth (month/day/year) | Click or tap to enter a date. | Click or tap to enter a date. |
| Address | Click or tap here to enter text. | Click or tap here to enter text. |
| Phone | Click or tap here to enter text. | [ ] Home [ ] Cell [ ] Work | Click or tap here to enter text. | [ ] Home [ ] Cell [ ] Work |
| Alternate Phone | Click or tap here to enter text. | [ ] Home [ ] Cell [ ] Work | Click or tap here to enter text. | [ ] Home [ ] Cell [ ] Work |
| Email | Click or tap here to enter text. | Click or tap here to enter text. |
| Were you under age 18 when this child was born? | [ ] Yes [ ] No [ ] N/A | [ ] Yes [ ] No [ ] N/A |
| What language(s) do you speak? | Click or tap here to enter text. | Click or tap here to enter text. |
| Do you need an interpreter for this language? | [ ] Yes [ ] No | [ ] Yes [ ] No |
| What is your race? Check all that apply | [ ] African/African American/Black[ ] Asian[ ] Alaska Native/Native American/American Indian[ ] Native Hawaiian or Pacific Islander[ ] White[ ] Not listed above: Click or tap here to enter text. | [ ] African/African American/Black[ ] Asian[ ] Alaska Native/Native American/American Indian[ ] Native Hawaiian or Pacific Islander[ ] White[ ] Not listed above: Click or tap here to enter text. |
| What is the **highest** level of education you completed? | [ ] 6th grade or less[ ] 7th to 12th grade, no diploma or GED[ ] High school diploma[ ] GED[ ] Some college/advanced training[ ] College/professional certificate[ ] Associate degree[ ] Bachelor’s degree[ ] Master’s or doctorate degree[ ] None | [ ] 6th grade or less[ ] 7th to 12th grade, no diploma or GED[ ] High school diploma[ ] GED[ ] Some college/advanced training[ ] College/professional certificate[ ] Associate degree[ ] Bachelor’s degree[ ] Master’s or doctorate degree[ ] None |

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|  | **Parent/Guardian 1** | **Parent/Guardian 2** |
| Are you currently employed? | [ ] Yes – How many hours per week (including travel)?Click or tap here to enter text. Employer name & phone #:Click or tap here to enter text. [ ] No[ ] No, retired or disabled[ ] Seasonal | [ ] Yes – How many hours per week (including travel)?Click or tap here to enter text. Employer name & phone #:Click or tap here to enter text. [ ] No[ ] No, retired or disabled[ ] Seasonal |
| Are you currently in job training or school? | [ ] Yes – How many hours per week (including class time, study time, travel)?Click or tap here to enter text.School name & major/goal:Click or tap here to enter text. [ ] No | [ ] Yes – How many hours per week (including class time, study time, travel)?Click or tap here to enter text.School name & major/goal:Click or tap here to enter text. [ ] No |
| Are you in an approved WorkFirst activity? | [ ] Yes – Describe the activity and the number of approved hours per week: Click or tap here to enter text.[ ] No | [ ] Yes – Describe the activity and the number of approved hours per week: Click or tap here to enter text.[ ] No |
| Are you or have been in the U.S. military? | [ ] Yes, current service member[ ] Yes, currently deployed or have been in the last 12 months/for a total of 19 months[ ] Yes, veteran[ ] No | [ ] Yes, current service member[ ] Yes, currently deployed or have been in the last 12 months/for a total of 19 months[ ] Yes, veteran[ ] No |

**Family Concerns**

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| Please check areas of concern that you have for yourself/family in your household: |
| [ ] Child’s parent/guardian has a disability or is chronically ill and is:[ ] Unable to engage in work/school/family life[ ] Somewhat able to engage in work/school/ family life[ ] Mostly able to engage in work/school/family life[ ] Child’s parent/guardian has learning difficulties, no disability | [ ] Household mental illness, including maternal depression (child is diagnosed, or adult is experiencing)[ ] Household domestic violence (past or current)[ ] Household drug/alcohol issues or substance abuse (past or current)[ ] Family is socially isolated, with complete or near-complete lack of contact with others[ ] Getting or keeping a job | [ ] Legal concerns[ ] Child’s parent/guardian is a migrant worker[ ] Recent immigrant/refugee (past 5 years)[ ] Child’s parent/guardian is incarcerated[ ] Loss of a parent (death, abandonment, or deportation)[ ] Child’s parents/guardians divorced or separated during child’s life[ ] Previously homeless (in the last 12 months)[ ] Concerns with housing |

**Family Living Situation**

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| Does this household receive subsidized housing such as a housing voucher or cash assistance for housing? [ ] Yes [ ] No |
| What is your family’s current housing situation? **The McKinney-Vento Act provides services and supports for children and youth experiencing homelessness. Your answers may help us determine the services your child may be eligible to receive.** |
| [ ] Rent[ ] Own | [ ]  In a motel[ ]  In a shelter | [ ]  A car, park, campsite, or similar location[ ]  Transitional Housing | [ ]  Moving from place to place/couch surfing[ ]  In a residence with inadequate facilities (no water, heat, electricity) |
| [ ]  In someone else’s house or apartment with another family:* [ ]  By choice (e.g. to save money, to be close to family, etc.)
* [ ]  Due to loss of housing, economic hardship, or similar reason
 | [ ]  Other – Please describe: Click or tap here to enter text. |

**Family Income and Family Size**

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| Check all that apply if you, this child, or another person living in your home related to you by blood, marriage, or adoption receive these types of Public Assistance:[ ] SSI for disability received by: [ ] Child [ ] Parent/Guardian [ ] Other – Relationship to child: Click or tap here to enter text.[ ] Temporary Assistance for Needy Families (TANF) cash.  |
| Check if you also have the following: [ ] Child-only TANF [ ] WorkFirst [ ] Working Connections Child Care subsidy |

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| **Please list additional people living in this child’s primary household below, not including yourself or this child.** |
| Name (First and Last) | Birthdate (month/day/year) | Relationship to child | Do you financially support this person? | Is this person related to you by blood, marriage, or adoption? |
| Click or tap here to enter text. | Click or tap to enter a date. | Click or tap here to enter text. | [ ] Yes [ ] No | [ ] Yes [ ] No |
| Click or tap here to enter text. | Click or tap to enter a date. | Click or tap here to enter text. | [ ] Yes [ ] No | [ ] Yes [ ] No |
| Click or tap here to enter text. | Click or tap to enter a date. | Click or tap here to enter text. | [ ] Yes [ ] No | [ ] Yes [ ] No |
| Click or tap here to enter text. | Click or tap to enter a date. | Click or tap here to enter text. | [ ] Yes [ ] No | [ ] Yes [ ] No |
| Click or tap here to enter text. | Click or tap to enter a date. | Click or tap here to enter text. | [ ] Yes [ ] No | [ ] Yes [ ] No |
| Click or tap here to enter text. | Click or tap to enter a date. | Click or tap here to enter text. | [ ] Yes [ ] No | [ ] Yes [ ] No |
| Click or tap here to enter text. | Click or tap to enter a date. | Click or tap here to enter text. | [ ] Yes [ ] No | [ ] Yes [ ] No |
| Click or tap here to enter text. | Click or tap to enter a date. | Click or tap here to enter text. | [ ] Yes [ ] No | [ ] Yes [ ] No |
| Click or tap here to enter text. | Click or tap to enter a date. | Click or tap here to enter text. | [ ] Yes [ ] No | [ ] Yes [ ] No |
| Click or tap here to enter text. | Click or tap to enter a date. | Click or tap here to enter text. | [ ] Yes [ ] No | [ ] Yes [ ] No |

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| What is the **total number** of family members living in your home, including yourself and this child? Click or tap here to enter text. |
| What is your **total estimated** household income for the last calendar year or the last 12 months? Click or tap here to enter text. |

I promise that the information on this form is true and correct. I have reported all my income and family size, as required by the Early Learning Programs. If I knowingly provide false information, I understand my family may be unable to continue program services. Additionally, if my child is enrolled in ECEAP, I may have to repay the amount spent on my child.

I understand that information from this application is entered in various Early Learning databases operated by the Department of Children, Youth, and Families (DCYF) and Puget Sound Educational Service District (PSESD). DCYF and PSESD are committed to protecting confidential and personal information that could identify a child or family. No information related to immigration status is entered in the databases or shared with state or federal agencies. Information in the databases may be used for the following:

* Research studies to determine if participating in Early Learning helps children later in life.
* To prove Washington State spends some of their own dollars on programs for families, which is required to receive Temporary Assistance for Needy Families dollars from the federal government.

 **Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(ECEAP Staff: Enter this date in ELMS)

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| **\*Staff Only – If not signed, complete below. Parent signature must be obtained as soon as possible, or no later than the enrollment visit.** |
| **Reviewed and received verbal verification on (date):** Click or tap here to enter text. | **Staff Initials:** Click or tap here to enter text. |
| (ECEAP Staff: Enter this date in ELMS if not signed – you cannot update this once the ELMS application is locked) |

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| **Staff Only** |
| **Child’s Age:** Click or tap here to enter text. | **Total Verified Family Size:** Click or tap here to enter text. | **Total Verified Income:** Click or tap here to enter text. | **Total Points:** Click or tap here to enter text. |
| **Site Name/ID:** Click or tap here to enter text. | **Date received:** Click or tap here to enter text.(This date will determine eligibility timeframe) |
| **Date staff reviewed application with family:** Click or tap here to enter text. | **Date sent to PSESD (N/A for ECEAP only sites):** Click or tap here to enter text. |
| **EHS Only - Is this child a newborn taking the mother’s slot?** [ ] **Yes** [ ] **No** | **If yes, mother’s name:** Click or tap here to enter text. |
| **For Homeless Families – Check the services that are needed or desired by the family and provide resources as soon as possible:** |
| [ ] Child care resources[ ] Clothing resources[ ] School supplies[ ] Medical/dental referral[ ] Housing/shelter referral | [ ] Immunization/medical records [ ] Vision referral[ ] Hygiene products/toiletries[ ] Food resources[ ] Birth certificate | [ ] Medicaid/DSHS services – Food stamps/TANF |
| [ ] College/vocational/technical resources |
| [ ] School transportation (if site provides) |
| [ ] Other: Click or tap here to enter text. |
|  |
| **Staff Name & Signature:** Click or tap here to enter text. | **Date:** Click or tap here to enter text. |