Welcome! Please complete one application packet per child and attach the required documents.

Eligibility to our programs is determined by child’s age and family income, not by the date you applied.

Our programs fill up fast, so please apply as soon as you can!

**The information on your application is confidential and used only to determine your child’s eligibility for our Early Learning Programs.**

**We do not require, check, or report on immigration or DSHS status.**

**REQUIRED DOCUMENTS**

**Please contact us if you need help to complete the application or if you do not have all of the required documents listed below.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1** | **2** | **3** | **4** | **5** |
| Checklist | Money | Family with two children | Employee Badge | Document |
| **Application:** Fill out the application form using a black or blue pen. | **Proof of Income:** Attach a copy of your proof of family income.  **Use all that apply:**   * Last year’s Income Tax Return * Last year’s W-2 Form * Pay stubs from the last 12 months * SSI/TANF benefits letters from the last 12 months * Foster care grant * Child support * Employer letter stating your total gross income from the last 12 months | **Proof of Family Size:** Attach a copy of proof of family size.  **Use one of these:**   * Last year’s Income Tax Return * Housing Lease | **Proof of Child’s Age:** Attach a copy of your child’s proof of birth date.  **Use one of these:**   * Birth Certificate * Passport/Visa * Adoption Papers * Foster Care Authorization Letter * Current Immunization Record * DOC residential parenting roster | **Proof of Legal Guardianship:** Attach a copy of your proof of legal guardianship.  **Use one of these:**   * Birth Certificate * Passport/Visa * Adoption Papers * Foster Care Record * Written agreement signed and dated by parent and person assuming custodial responsibility |

|  |  |
| --- | --- |
| * **Please make sure that your proof of income is included.**   **We cannot process your application without this information.**   * **Call our office if you receive other types of documents, not listed above.** * **It would be helpful to also include the following:**  1. **A copy of your child’s current immunization record** 2. **Current IFSP/IEP, if applicable** 3. **Most recent well-child exam** 4. **Most recent dental exam** | **Return your completed application and documents to:**  **Address:** Click or tap here to enter text. |
| **Phone Number:** Click or tap here to enter text. |

**Child Information – General**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 | | | |
| What is your child’s home language? *Click or tap here to enter text.* | | | | | | | 2nd language: *Click or tap here to enter text.* | | |
| Is your child Hispanic/Latino? Yes No | | | | | | | | | |
| What is your child’s race? Check all that apply: | | | | | | | | | |
| African/African American/Black | | | | Native Hawaiian or Pacific Islander | | | | | |
| Asian | | | | White | | | | | |
| Alaska Native/Native American/American Indian | | | | 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.* | | | | | | | | | |
| Has your child previously attended these programs? Only check the **most recent**: | | | | | | | | | |
| None  Any Birth-to-Three Home Visiting Program  Early Support for Infants and Toddlers (ESIT) | | Head Start/Early Head Start/ECEAP at this center  Head Start/Early Head Start/ECEAP at another center | | | | | | Migrant/Seasonal Head Start anywhere in Washington State | |
| When did you 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 center? Yes No | | | | | | | | | |
| Is this child’s sibling currently enrolled in a community slot at this center? Yes No | | | | | | | | | |
| **The questions below are for information only. Answering “Yes” will not affect your eligibility or enrollment in the program.** | | | | | | | | | |
| Is your child in in official foster care or kinship care with a grant amount? | | | | | | | | | |
| Yes - Case # or Client ID # *Click or tap here to enter text.*  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 | | | | No |
| Is your child in kinship care without a grant amount? Yes No | | | | | | | | | |
| Was your child adopted after foster care or kinship care? Yes No | | | | | | | | | |
| Has your child ever been asked to leave a childcare center or preschool because of behavior issues? 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 or 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 | | | | | | | | | |

**Child Health and Development Information**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 here to enter text.  No | | | | | Date Unknown |
| Does this child have dental insurance? Yes No | | | | | | | | |
| If yes, what type? | | Washington Apple Health/ProviderOne | | | Private Insurance | | Tribal | |
|  | | Military Dental Coverage | | | ABCD | | | |

**Child Health and Development Information continued**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Does this child have a regular dentist or dental clinic? | | | | | | | | |
| Yes - 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 a dental exam within the last 6 months? | Yes – Date of last exam (month/day/year): *Click or tap here to enter text.*  No | | | | | | | Date Unknown |
| Has your child been diagnosed by a Health Care Provider with one or more serious/chronic health conditions, such as asthma, diabetes, seizures, heart condition, or life-threatening allergies? | | | | | | | | |
| Yes – Please describe: *Click or tap here to enter text.* | | | | | | | | No |
| What is your child’s immunization status? Fully immunized Exempt Not fully immunized or exempt | | | | | | | | |
| Do you have concerns about your child’s health? Yes – check all that apply below No | | | | | | | | |
| Low birth weight (less than 5.5 lbs/5 lbs 8 oz.)  Hearing  Vision  Tooth pain/decay/bleeding gums | | | | Drug/alcohol affected  Fine motor/gross motor  Mental health – Describe: *Click or tap here to enter text.*  Food intolerance/special diet – Describe: *Click or tap here to enter text.* | | | | |
| Does your child have a current Individual Education Plan (IEP) or Individual Family Service Plan (IFSP)? Yes No  **If yes**, check all the categories of the IEP/IFSP and include a copy with your application: | | | | | | | | |
| Autism  Deaf-blindness  Developmental delay  Emotional disturbance  Hearing impairment | | Intellectual disability  Multiple disabilities  Orthopedic impairment  Other health impairment | | | | Specific learning disability  Speech/language impairment  Traumatic brain injury  Visual impairment | | |
| IEP start date: *Click or tap here to enter text.* | | | IEP end date: *Click or tap here to enter text.* | | What school district issued the IEP? *Click or tap here to enter text.* | | | |
| Is Special Ed Preschool or Birth-to-Three Program available/easily accessible to you? Yes No I don’t know | | | | | | | | |
| **If no**, do you **suspect** that your child has a developmental delay or disability? | | | | | | | | |
| Yes – Speech/language  Behavior – Describe: *Click or tap here to enter text.*  Other – Describe: *Click or tap here to enter text.* | | | | | | | | No |

**Family Information**

|  | | **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 here to enter text.* | | | | *Click or tap here to enter text.* | | |
| 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.* | | | |

**Family Information continued**

|  |  |  |
| --- | --- | --- |
|  | **Parent/Guardian 1** | **Parent/Guardian 2** |
| Were you under age 18 when this child was born? | Yes No N/A | Yes No N/A |
| Do you need an interpreter? | Yes No  If yes, what language(s) do you speak?  *Click or tap here to enter text.* | Yes No  If yes, what language(s) do you speak?  *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 |
| 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  Retired/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  Retired/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 on active U.S. military duty? | Yes No | Yes No |
| Are you a member of a National Guard or Military Reserve unit? | Yes No | Yes No |
| Are you a U.S. military veteran? | Yes No | Yes No |

**Family Information continued**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Please check areas of concern that you have for yourself/family in your household: | | | | | | | | |
| Previously homeless (in the last 12 months)  Child’s parent/guardian is disabled  Child’s parent/guardian is currently/recently deployed to a combat zone  Child’s parent/guardian is incarcerated | | Household mental illness/counseling, including maternal depression  Child’s parent/guardian is a migrant worker  Household domestic violence (past or current) | | | | Household drug/alcohol issues or substance abuse  Family is socially isolated, with complete or near-complete lack of contact with others | | |
| Other household members have no medical/dental insurance  Other household members have no medical/dental home | | Child’s parent/guardian has health concerns  Child’s parent/guardian has learning difficulties  Concerns with housing | | | | Getting or keeping a job  Legal concerns  Recent immigrant/refugee (past 5 years)  Recently deceased family member | | |
| Child lives with: | | | | | | | | |
| One parent/guardian | Two parents/guardians in the same household | | | | | | | |
| Two parents/guardians in two households – Does one household have primary legal custody? | | | | | | | | |
| Yes - which parent has primary custody (write name)?  *Click or tap here to enter text.* | | | | No - does one parent receive child support payments from the other household?  Yes - which parent receives the child support payments  (write name)? *Click or tap here to enter text.*  No | | | | |
| What is the **total number** of family members living in your home, including yourself and your child? *Click or tap here to enter text.*  **Please list the people living in your home below, not including yourself or your 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 here to enter text.* | | *Click or tap here to enter text.* | | Yes No | Yes No |
| *Click or tap here to enter text.* | | | *Click or tap here to enter text.* | | *Click or tap here to enter text.* | | Yes No | Yes No |
| *Click or tap here to enter text.* | | | *Click or tap here to enter text.* | | *Click or tap here to enter text.* | | Yes No | Yes No |
| *Click or tap here to enter text.* | | | *Click or tap here to enter text.* | | *Click or tap here to enter text.* | | Yes No | Yes No |
| *Click or tap here to enter text.* | | | *Click or tap here to enter text.* | | *Click or tap here to enter text.* | | Yes No | Yes No |
| *Click or tap here to enter text.* | | | *Click or tap here to enter text.* | | *Click or tap here to enter text.* | | Yes No | Yes No |
| *Click or tap here to enter text.* | | | *Click or tap here to enter text.* | | *Click or tap here to enter text.* | | Yes No | Yes No |
| *Click or tap here to enter text.* | | | *Click or tap here to enter text.* | | *Click or tap here to enter text.* | | Yes No | Yes No |
| *Click or tap here to enter text.* | | | *Click or tap here to enter text.* | | *Click or tap here to enter text.* | | Yes No | Yes No |
| *Click or tap here to enter text.* | | | *Click or tap here to enter text.* | | *Click or tap here to enter text.* | | Yes No | Yes No |
| Do you, your child, or another person living in your home who is related to you by blood, marriage, or adoption receive these types of Public Assistance? Check all that apply:  SSI for disability – Who receives? 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 | | | | | | | | |
| What is your **total estimated** household income for the last calendar year or the last 12 months? *Click or tap here to enter text.* | | | | | | | | |

**Family Information continued**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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, etc.) | | |
| In someone else’s house or apartment with another family:   * By choice (e.g. save money for future plans, be close to family) * Due to loss of housing, economic hardship, or similar reason | | | | | Other – Please describe: *Click or tap here to enter text.* | |

|  |  |  |  |
| --- | --- | --- | --- |
| How did you hear about our program? Check all that apply: | | | |
| Website  Media  Flyer | Community event  Word of mouth | Site staff  Past parent | Community agency/case worker (write name): *Click or tap here to enter text.*  Other – Please specify: *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:*

* *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)**

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