



2019-20 ECEAP Prescreen & Application (Combined form)

For assistance completing this form, call:

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1. Child Information

School year applying for: 2019-20

Legal First Name _____ Middle Name _____ Legal Last Name _____

Child's birth date ____/____/____ Nickname _____ Gender _____

IEP - Is this child on an Individualized Education Program (IEP)?

Yes No

If no, do you have any concerns about this child's development?

Yes No

CPS - Is this child's family currently receiving Child Protective Services (CPS),
Family Assessment Response (FAR), or similar Indian Child Welfare (ICW) services?

Yes No

Foster Care - Is this child in official foster care? *This means there is a caregiver authorization
from a state or tribe that says this is a foster care placement.*

Yes No

Kinship - Is this child in kinship care – with or without a grant, with a relative or suitable other?

Yes No

Adopted after foster/kinship care - Was this child adopted after foster or kinship care?

Yes No

Housing (select one):

- Rent or own an adequate residence
- Doubled-up with another family for convenience, choosing to be close to family or friends, or choosing to save money for future plans
- Doubled-up with another family due to loss of housing, economic hardship or a similar reason
- In an emergency or transitional shelter
- Sleeping in a hotel, motel, car, park, campsite or similar location
- Moving from place to place (couch surfing)
- Inadequate housing such as no water, heat or electricity; excessive mold; or no cooking facilities

Language This child speaks (select only one):

- Only English
- Mostly English, and some of another home language
- Some English, but mostly another home language

- English and another language at age level (bilingual)
- Only a home language other than English

Child's first language _____ Child's second language _____

Is this child Hispanic/Latino? Yes No

If yes, check all that apply:

- | | | |
|--|--|--|
| <input type="checkbox"/> Argentinian | <input type="checkbox"/> Guatemalan | <input type="checkbox"/> Salvadoran |
| <input type="checkbox"/> Bolivian | <input type="checkbox"/> Honduran | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Chilean | <input type="checkbox"/> Mexican or Mexican-American (Chicano) | <input type="checkbox"/> Uruguayan |
| <input type="checkbox"/> Colombian | <input type="checkbox"/> Nicaraguan | <input type="checkbox"/> Venezuelan |
| <input type="checkbox"/> Costa Rican | <input type="checkbox"/> Panamanian | <input type="checkbox"/> Latin American |
| <input type="checkbox"/> Cuban | <input type="checkbox"/> Peruvian | <input type="checkbox"/> Other Hispanic or Latino (describe) _____ |
| <input type="checkbox"/> Dominican | <input type="checkbox"/> Puerto Rican | |
| <input type="checkbox"/> Ecuatorian (Ecuadorian) | | |

What race(s) do you consider this child? (Check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Port Gamble Klallam | <input type="checkbox"/> Indonesian |
| | <input type="checkbox"/> Puyallup | <input type="checkbox"/> Japanese |
| | <input type="checkbox"/> Quileute | <input type="checkbox"/> Korean |
| <input type="checkbox"/> Black or African American | | <input type="checkbox"/> Laotian |
| | | <input type="checkbox"/> Madagascar |
| | | <input type="checkbox"/> Malayan |
| <input type="checkbox"/> Alaska Native | <input type="checkbox"/> Quinault | <input type="checkbox"/> Maldivian |
| <input type="checkbox"/> Aleut (Unangan) | <input type="checkbox"/> Samish | <input type="checkbox"/> Mongolian |
| <input type="checkbox"/> Alutiiq | <input type="checkbox"/> Sauk-Suiattle | <input type="checkbox"/> Nepali |
| <input type="checkbox"/> Athabaskan | <input type="checkbox"/> Shoalwater | <input type="checkbox"/> Pakistani |
| <input type="checkbox"/> Eskimo (Inupiaq or Yupik) | <input type="checkbox"/> Skokomish | <input type="checkbox"/> Singaporean |
| <input type="checkbox"/> Eyak | <input type="checkbox"/> Snohomish | <input type="checkbox"/> Sri Lankan |
| <input type="checkbox"/> Haida | <input type="checkbox"/> Snoqualmie | <input type="checkbox"/> Taiwanese |
| <input type="checkbox"/> Tlingit | <input type="checkbox"/> Snoqualmoo | <input type="checkbox"/> Thai |
| <input type="checkbox"/> Tsimshian | <input type="checkbox"/> Spokane | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Other Alaska Native (describe) _____ | <input type="checkbox"/> Squaxin Island | <input type="checkbox"/> Other Asian (describe) _____ |
| | <input type="checkbox"/> Steilacoom | |
| | <input type="checkbox"/> Stillaguamish | |
| | <input type="checkbox"/> Suquamish | |
| | <input type="checkbox"/> Swinomish | |
| | <input type="checkbox"/> Tulalip | |
| <input type="checkbox"/> American Indian | <input type="checkbox"/> Upper Skagit | |
| <input type="checkbox"/> Chehalis | <input type="checkbox"/> Yakama | |
| <input type="checkbox"/> Chinook | <input type="checkbox"/> Other American Indian (describe) _____ | |
| <input type="checkbox"/> Colville | | |
| <input type="checkbox"/> Cowlitz | <input type="checkbox"/> Asian | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Duwamish | <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Fijian |
| <input type="checkbox"/> Hoh | <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Guamanian |
| <input type="checkbox"/> Jamestown | <input type="checkbox"/> Bhutanese | <input type="checkbox"/> Kosraean |
| <input type="checkbox"/> Kalispel | <input type="checkbox"/> Burmese | <input type="checkbox"/> Mariana Islander |
| <input type="checkbox"/> Kikiallus | <input type="checkbox"/> Cambodian/Kampuchean | <input type="checkbox"/> Marshall Islander |
| <input type="checkbox"/> Lower Elwha | <input type="checkbox"/> Chinese | <input type="checkbox"/> Melanesian |
| <input type="checkbox"/> Lummi | <input type="checkbox"/> Filipino | <input type="checkbox"/> Micronesia |
| <input type="checkbox"/> Makah | <input type="checkbox"/> Hmong | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Muckleshoot | | <input type="checkbox"/> Palauan |
| <input type="checkbox"/> Nisqually | | <input type="checkbox"/> Papua New Guinean |
| <input type="checkbox"/> Nooksack | | <input type="checkbox"/> Ponapean (Pohnpeian) |

- Samoan
- Solomon Islander
- Tahitian
- Tarawa Islander

- Tokelauan
- Tongan
- Trukese (Chuukese)
- Vanuatuan/New Hebrides

- Yapese
- Other Pacific Islander
(describe) _____

2. Household Members

Please list everyone living in the household who may be counted in family size.

For families temporarily living with relatives or others, do not list the hosts.

For families with two households when there is joint custody with no primary parent and no child support

- Enter the household members for both households in the graph below.
- Mark members of the second household.
- Then, answer the questions about financial support and relationships.

Staff will use this information to calculate family size to determine federal poverty level.

First Name	Last Name	Birthdate	Relationship to ECEAP Child	Does the ECEAP child's parent or guardian financially support this person? <i>* See note below for people age 19 or older.</i>	Is this person related to the ECEAP child's parent/guardian by blood, marriage, or adoption?
ECEAP Child:			ECEAP Child	Yes	Yes
Parent/guardian:				Yes	Yes
Parent/guardian:				Yes	Yes

**Answer No for a person age 19 or older who has earned or unearned income that covers more than half of their expenses. Answer Yes if the ECEAP child's parents pay more than half of their expenses.*

For staff use only:
 Family size for FPL chart _____
 For children in foster care or kinship care with a payment, count family size as 1.
 For all others, count people with Yes for both questions above.

3. Family Contact Information

Do you need an interpreter to communicate with English speakers? Yes No

If yes, what language(s) do you speak? _____

Physical Street Address _____ Apt # _____ City _____ Zip _____

Mailing Address (if different) _____ City _____ Zip _____

Email _____

Phone _____ Alternate Phone _____

4. Child lives with:

One parent/guardian (Name) _____ **Skip to section 5.**

Two parents/guardians in same household (Names) _____
_____ **Skip to section 5.**

Two parents/guardians in two households
If this is checked, answer these questions to determine which parents' income is counted for ECEAP eligibility.

Does one household have primary legal custody? Yes No

If **yes**, which parent has primary custody? _____
Spouse of this parent, if any: _____ **Skip to section 5.**

If **no**, does one parent receive child support payments from the other household? Yes No

If **yes**, which parent receives the child support payments? _____
Spouse of this parent, if any: _____ **Skip to section 5.**

If **no**, ECEAP will count the income from the legal parent/guardian for each household. Do not include their spouses. Enter the legal parents' names here:

Household 1 _____ Household 2 _____

Contact Info for Household 2:

Physical Street Address _____ Apt # _____ City _____ Zip _____

Mailing Address (if different) _____ City _____ Zip _____

Email _____

Phone _____ Alternate Phone _____

5. Parent Employment, Training, and Other Activities

Answer the following questions for each parent/guardian listed in question #4.

Do not count the same hours in more than one category. For example:

- Do not count the same hours of the week in both employment and WorkFirst.
- Do not count the same CPS child care hours separately for two parents.

	Parent/Guardian #1 Name _____	Parent/Guardian #2 Name _____
Employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, average paid hours per week		
b. If yes, enter employer name (don't enter unknown or N/A)		
c. If yes, enter employer phone number or email		
In school or job training?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, class hours per week		
b. If yes, study hours per week (maximum 10)		
c. If yes, enter name of school or training organization.		
d. If yes, enter goal or major.		
Travel between child care and work/school?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, hours per week (maximum 10)		
CPS/FAR/ICW child care hours not counted above?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Additional hours per week of child care approved by CPS		
Approved WorkFirst hours not counted above?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, name of activity.		
b. If yes, total hours per week		
Disabled parent unable to work and unable to care for the child while the other parent works?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If either parent has more than 55 hours total per week, explain:		

6. How did you find out about ECEAP?

- DCYF website Community event Flyer ECEAP employee Word of mouth
 Caseworker Media Community agency - Name of agency: _____
 Other - Describe other: _____

7. Survey for statewide planning

If you could choose the length of day for your child's preschool, which is best for your child and family?

Please note, these options may not all be available in your community this year.

- Part Day – about three hours, three or four days a week.
 School Day – about six hours, four or five days a week.
 Working Day – available all day, all year, like a child care center.

8. Household Situation

Does your household receive subsidized housing, such as a housing voucher or cash assistance for housing? Yes No

Does your household currently receive a Working Connections child care subsidy for this child? Yes No

9. Income Received by Child's Parent(s) or Guardian(s)

For children in foster or kinship care or adopted after foster or kinship care, fill in this box if applicable and skip to Section 10

Monthly grant or payment for foster care, kinship care, or adoption support \$ _____

of children covered by this grant or payment _____

Case # or Client ID#, if any: _____ Payment source (circle): DSHS SSI Tribe Other

Did you receive income during the last calendar year or during the previous 12 months? Yes No

If no, provide the reason there is no income and explain how basic needs are met:

Enter all family income for one year in the chart below.

Select either: Previous calendar year Previous 12 months

Person(s) with Income	Type	Weekly Amount	# of Weeks Received	Monthly Amount	# of Months Received	Annual Amount
	W-2					\$
	W-2					\$
	Tax return (1040) or IRS transcript					\$
	Tax return (1040) or IRS transcript					\$
	Pay stubs for 12 months					\$
	Pay stubs for 12 months					\$
	Child Support received, if required by a child support order			\$		\$
	Disability income, including SSI			\$		
	Military Leave & Earnings Statement (LES). Count all pay and allowances except BAH, BAS, FSH, and HFP/IDP.			\$		
	Self-employment net income					
	Social Security or other retirement benefits			\$		\$
	TANF cash assistance			\$		\$
	Child-only TANF or foster care grant for non-ECEAP child			\$		\$
	Unemployment	\$				\$
	Workers Compensation (L&I)	\$				
	Tribal income (taxable)					\$
	Other income not classified above			\$		\$
						\$
Subtract	Child support paid to another household, if required by a legally-binding child support order			\$		-\$
					TOTAL	\$

Do you still receive the income above? Yes No *If yes, skip to section 10.*

If no, and your circumstances have recently changed, please explain:

- Loss of wage earner
 Divorce or separation
 Unplanned job loss
 Reduced work hours
 Health/Injury
 Loss of benefits
 Similar unexpected circumstance (explain) _____

What is your monthly income? \$ _____ For which month? _____

10. Previous Enrollment

This child was previously enrolled in:

- | | |
|---|---|
| <input type="checkbox"/> Head Start at your agency | <input type="checkbox"/> Early Head Start |
| <input type="checkbox"/> Head Start with a different agency | <input type="checkbox"/> Any birth-to-three home visiting program |
| <input type="checkbox"/> Migrant/Seasonal Head Start anywhere in Washington | <input type="checkbox"/> ESIT - Early Support for Infants and Toddler |

11. IEP or Suspected Delay

- This child has an Individualized Education Program (IEP).
 This child has a suspected developmental delay or disability.

If this child has an IEP check all categories of the IEP. If not, **skip to section 12.**

- | | | |
|--|--|--|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Intellectual disability | <input type="checkbox"/> Specific learning disability |
| <input type="checkbox"/> Deaf-blindness | <input type="checkbox"/> Multiple disabilities | <input type="checkbox"/> Speech or language impairment |
| <input type="checkbox"/> Developmental delay | <input type="checkbox"/> Orthopedic impairment | <input type="checkbox"/> Traumatic brain injury |
| <input type="checkbox"/> Emotional disturbance | <input type="checkbox"/> Other health impairment | <input type="checkbox"/> Visual impairment |
| <input type="checkbox"/> Hearing impairment | | |

IEP Start Date _____ IEP End Date _____

What school district issued this child's IEP? _____

Is a school district special education preschool available for this child? Yes No

- 12.** Has this child been asked to leave a child care or preschool because of behavior issues? Yes No
ECEAP serves children with behavior issues. Checking yes will not exclude your child.

13. Additional Questions

We use this information to choose the children who most need ECEAP. All responses will be kept confidential.

- Has this child been homeless within the last 12 months? Yes No
- Does this child have a parent who is developmentally or physically disabled? Yes No
- Does this child have a parent currently on active duty in the U.S. Military? Yes No
- Does this child have a parent currently a member of a National Guard unit or a Military Reserve unit? Yes No
- Does this child have a parent who is currently or was recently deployed to a combat zone? Yes No
- Does this child have a parent who is incarcerated in jail, prison or a detention center? Yes No
- Does this child have a parent experiencing mental health issues (including maternal depression)? Yes No
- Does this child have a parent who was under age 18 when this child was born? Yes No
- Does this child have a parent who is a migrant worker? Yes No
- Has this child's family received services from Child Protective Services (CPS) or similar Indian Child Welfare (ICW) services in the past? Yes No
- Has this child's family ever experienced domestic violence? Yes No
- Does this child's family struggle with substance abuse issues? Yes No
- Is this family socially-isolated, with complete or near-complete lack of contact with others)?
 Yes No
- ECEAP received a professional referral for this family. Yes No
If yes, which agency made the referral? _____

14. Parent Education Level: Check all that apply (v)

Highest level of education	Parent/Guardian 1 Name _____	Parent/Guardian 2 Name _____
6 th grade or less		
7 th to 12 th grade, no diploma or GED		
High school diploma or GED		
Some college		
Professional certificate (includes vocational schools)		
Associate degree		
Bachelor's degree		
Master's degree or doctorate		

15. Health Information *Please attach a copy of the child's immunization record*

Does this child have a chronic health condition such as diabetes, asthma, seizures, etc.? Yes No

If yes, please describe _____

Did this child weigh less than 5.5 pounds when they were born? Yes No Unknown

Does this child have medical insurance or coverage? Yes No Unknown

- Washington Apple Health for Kids/ Provider One Services Card
- Military Coverage Private Medical Insurance
- Tribal Coverage

Does this child have a regular doctor or medical clinic? Yes No Unknown

Name of clinic or provider _____

Phone (optional) _____

Name of medical professional _____

Did this child have a well-child exam within the last 12 months? Yes No Unknown

Date of last well-child exam before applying for ECEAP ____ / ____ / ____

Date Unknown

Does this child have dental insurance or coverage? Yes No Unknown

- Washington Apple Health for Kids/ Provider One Services Card
- Military Dental Coverage Private Dental Insurance
- ABCD (not available in all counties) Tribal Coverage

Does this child have a regular dentist or dental clinic?

Yes No Unknown

Name of clinic or provider _____

Phone (optional) _____

Name of dental professional _____

Did this child have a dental screening within the last 6 months?

Yes No Unknown

Date of last dental screening before applying for ECEAP ____ / ____ / ____

Date Unknown

Signature of Parent/Guardian

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

I understand that information from this application is entered in the Early Learning Management System (ELMS) operated by the Department of Children, Youth, and Families (DCYF). DCYF is committed to protecting confidential and personal information that could identify a child or family. No information related to immigration status is entered into ELMS or shared with state or federal agencies. Information in ELMS may be used for:

- Research studies to determine if participating in ECEAP 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.

Print name _____

Signature _____

Date _____

Signature of ECEAP Staff Member who verified eligibility

I certify that, to the best of my knowledge, the information on this form is true and correct. I viewed and verified documentation establishing this child’s eligibility for ECEAP. I understand that ECEAP Performance Standards require that I notify the Department of Children, Youth, and Families if I suspect any fraudulent use of ECEAP funds including, but not limited to, an employee intentionally entering deceptive or false information into ELMS regarding:

- o Child eligibility criteria.
- o Children’s actual start dates and last days in class.
- o Class start or end dates.
- o Services that were not actually provided.
- o A family providing false information in order to enroll in ECEAP.

Print name _____

Signature _____

Date _____