

## ECEAP Prescreen & Application (Combined form)

Return to: NEWESD 101, Center for Early Childhood Services, Attn: ECEAP Enrollment Assistant  
4202 S Regal Street, Spokane, WA 99223-7738

Fax: (509) 323-2785 or print, complete, scan and email to: [ECEAPinfo@esd101.net](mailto:ECEAPinfo@esd101.net)

If you have questions, contact the ECEAP Enrollment Assistant: (509) 323-2720 or 1/800-531-4285

*Completing this application expresses your interest in the ECEAP program and does not guarantee enrollment.*

*You will be contacted by an ECEAP staff member to verify and confirm eligibility, best placement, and enrollment possibilities when space is available.*

School Year Applying for: \_\_\_\_\_ ECEAP Site Name: \_\_\_\_\_

Program option interested in:  Part-Day a.m.  Part-Day p.m.  School-Day  Working-Day\*

*\*Working-Day only available at Green Gable Children's Learning Center North (must be a resident of the Mead School District).*

### Child Information

Child's full legal name: \_\_\_\_\_  
First Name Middle Name Last Name

Child's Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Child's nickname (if any): \_\_\_\_\_ Gender Identity: \_\_\_\_\_

**IEP** – Is this child on an Individualized Education Program (IEP) through a School District?  Yes  No

**CPS** – Is this child's family actively involved in Child Protective Services (CPS), Family Assessment Response (FAR), or Indian Child Welfare (ICW), or law enforcement/court system regarding child abuse, neglect, or sexual assault?  Yes  No

**Foster Care** – Is this child in official foster care?  Yes  No  
*This means there is a caregiver authorization from a state or tribe that says this is a foster care placement.*

**Kinship** – Is this child in kinship care with a relative or suitable other, with or without a grant?  Yes  No

**Adopted after foster/kinship care** – Was this child adopted after foster care, kinship care, or after living in an orphanage in another country (*this does not include other adoptions*).  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"/> Puerto Rican             |
| <input type="checkbox"/> Bolivian                | <input type="checkbox"/> Honduran                              | <input type="checkbox"/> Salvadoran               |
| <input type="checkbox"/> Chilean                 | <input type="checkbox"/> Mexican or Mexican American (Chicano) | <input type="checkbox"/> Spanish                  |
| <input type="checkbox"/> Colombian               | <input type="checkbox"/> Nicaraguan                            | <input type="checkbox"/> Uruguayan                |
| <input type="checkbox"/> Costa Rican             | <input type="checkbox"/> Panamanian                            | <input type="checkbox"/> Venezuelan               |
| <input type="checkbox"/> Cuban                   | <input type="checkbox"/> Peruvian                              | <input type="checkbox"/> Latin American           |
| <input type="checkbox"/> Dominican               |  | <input type="checkbox"/> Other Hispanic or Latino |
| <input type="checkbox"/> Ecuatorian (Ecuadorian) |  | (describe): _____                                 |

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

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> <b>White</b>                     | <input type="checkbox"/> <b>American Indian</b> | <input type="checkbox"/> <b>Native Hawaiian or other Pacific Islander</b> |
| <input type="checkbox"/> <b>Black or African American</b> | <input type="checkbox"/> Chehalis               | <input type="checkbox"/> Fijian   |
| <input type="checkbox"/> <b>Alaska Native</b>             | <input type="checkbox"/> Colville               | <input type="checkbox"/> Guamanian  |
| <input type="checkbox"/> Aleut (Unangan)                  | <input type="checkbox"/> Cowlitz                | <input type="checkbox"/> Kosraean   |
| <input type="checkbox"/> Alutiiq                          | <input type="checkbox"/> Hoh                    | <input type="checkbox"/> Marshall Islander                                |
| <input type="checkbox"/> Athabaskan                       | <input type="checkbox"/> Jamestown S'Kallam     | <input type="checkbox"/> Melanesian                                       |
| <input type="checkbox"/> Eskimo (Inupiaq or Yupik)        | <input type="checkbox"/> Kalispel               | <input type="checkbox"/> Micronesian                                      |
| <input type="checkbox"/> Eyak                             | <input type="checkbox"/> Lower Elwha            | <input type="checkbox"/> Native Hawaiian                                  |
| <input type="checkbox"/> Haida                            | <input type="checkbox"/> Lummi                  | <input type="checkbox"/> Papua New Guinean                                |
| <input type="checkbox"/> Tingit                           | <input type="checkbox"/> Makah                  | <input type="checkbox"/> Samoan   |
| <input type="checkbox"/> Tsimshian                        | <input type="checkbox"/> Muckleshoot            | <input type="checkbox"/> Tahitian   |
| <input type="checkbox"/> Other Alaska Native              | <input type="checkbox"/> Nisqually              | <input type="checkbox"/> Tongan   |
| (describe) _____  | <input type="checkbox"/> Nooksack               | <input type="checkbox"/> Other Pacific Islander                           |
| <input type="checkbox"/> <b>Asian</b>                     | <input type="checkbox"/> Port Gamble Klallam    | (describe) _____  |
| <input type="checkbox"/> Cambodian                        | <input type="checkbox"/> Puyallup               |   |
| <input type="checkbox"/> Chinese                          | <input type="checkbox"/> Quileute               |   |
| <input type="checkbox"/> Filipino                         | <input type="checkbox"/> Quinault               |   |
| <input type="checkbox"/> Hmong                            | <input type="checkbox"/> Samish                 |   |
| <input type="checkbox"/> Indonesian                       | <input type="checkbox"/> Shoalwater Bay         |   |
| <input type="checkbox"/> Japanese                         | <input type="checkbox"/> Skokomish              |   |
| <input type="checkbox"/> Korean                           | <input type="checkbox"/> Snohomish              |   |
| <input type="checkbox"/> Laotian                          | <input type="checkbox"/> Snoqualmie             |   |
| <input type="checkbox"/> Madagascar                       | <input type="checkbox"/> Spokane                |   |
| <input type="checkbox"/> Malayan                          | <input type="checkbox"/> Squaxin Island         |   |
| <input type="checkbox"/> Mongolian                        | <input type="checkbox"/> Squaxin Island         |   |
| <input type="checkbox"/> Nepali                           | <input type="checkbox"/> Suquamish              |   |
| <input type="checkbox"/> Pakistani                        | <input type="checkbox"/> Swinomish              |   |
| <input type="checkbox"/> Singaporean                      | <input type="checkbox"/> Tulalip                |   |
| <input type="checkbox"/> Sri Lankan                       | <input type="checkbox"/> Upper Skagit           |   |
| <input type="checkbox"/> Taiwanese                        | <input type="checkbox"/> Yakima                 |   |
| <input type="checkbox"/> Thai                             | <input type="checkbox"/> Other American Indian  |   |
| <input type="checkbox"/> Vietnamese                       | (describe) _____                                |   |
| <input type="checkbox"/> Other Asian                      |   |   |
| (describe) _____  |   |   |

## 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 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 ECEAP child's parent or guardian by blood, marriage, or adoption? (yes or no)
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, kinship care, or adopted after foster care or kinship care, count family size as 1.

For all others, count people with Yes for both questions above.

**Family Contact Information**

Contact 1: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

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

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

Physical Address: \_\_\_\_\_ Apt# \_\_\_\_\_

City: \_\_\_\_\_, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_ Apt# \_\_\_\_\_

City: \_\_\_\_\_, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Primary Phone #: \_\_\_\_\_

Alternate Phone #: \_\_\_\_\_

Contact 2: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Contact 3: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Contact 4: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

**Child lives with**

One parent/guardian (Name): \_\_\_\_\_ *Skip to next page*

*One parent is a person who lives with a child or children and who does not have a spouse or live-in partner. Reasons for becoming a single parent include abandonment, death of the other parent, childbirth by a single woman or single-person adoption or guardianship/kinship care.*

Two parents/guardians in the same household (Names): \_\_\_\_\_

*Skip to next page*

Two parents/guardians in two households

*If this is checked, answer these questions to determine which parent's 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 next page*

If no, does one parent receive court ordered child support payments from the other household?

Yes  No

If yes, which parent receives the child support payments? \_\_\_\_\_

*Skip to next page*

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

Household 1: \_\_\_\_\_ Household 2: \_\_\_\_\_

**Contact Household 2**

Physical Address: \_\_\_\_\_ Apt# \_\_\_\_\_

City: \_\_\_\_\_, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_ Apt# \_\_\_\_\_

City: \_\_\_\_\_, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Primary Phone# \_\_\_\_\_

**Parent Employment, Training, and Other Activities**

Answer the following questions for each parent or guardian listed on the previous page.  
Do not count the same house 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: _____
<b>Employed?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, average paid <b>hours per week</b> :		
If yes, enter <b>employer name</b> (do not enter unknown or n/a)		
If yes, enter <b>employer phone number or email</b>		
<b>In school or job training?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, number of <b>classroom hours</b> per week		
If yes, number of <b>study hours</b> per week (maximum 10)		
If yes, enter <b>name of school</b> or training organization		
If, yes, enter <b>goal or major</b> :		
<b>Travel between child care and work/school?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, number of hours per week (maximum 10)		
<b>CPS/FAR/ICW child care hours not counted above?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional <b>hours per week</b> of child care approved by CPS/FAR/ICW		
<b>Approved WorkFirst hours not counted above?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, <b>name of activity</b> :		
If yes, <b>total hours per week</b> :		
<b>Disabled parent</b> 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
<b>If either parent has more than 55 hours total per week, explain:</b>		

**How did you find out about ECEAP?**

- DCYF website   
 Community event   
 Flyer   
 Postcard/mailing   
 ECEAP employee  
 Word of mouth   
 Media   
 Caseworker or Community Agency: \_\_\_\_\_  
 Other – describe: \_\_\_\_\_

**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

**Income Received by Child’s Parent(s) or Guardian(s)**

**For children in foster care, kinship care, or adopted after kinship care, fill in this box and skip to next section.**

**Monthly** grant or payment for foster care, kinship care, or adopted support \$ \_\_\_\_\_

Number of children covered by this grant or payment: \_\_\_\_\_

Case # or Client ID#, if any: \_\_\_\_\_ Payment source:  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 with income	Type of Income	Weekly Amount	# of Weeks Received	Monthly Amount	# of Months Received	Annual Amount \$
	W-2 for 2020					
	W-2 for 2020					
	Tax return (1040) or IRS Transcript for 2020 – total income					
	Tax return (1040) or IRS transcript for 2020 – total income					
	Paystubs for 12 calendar months					
	Paystubs for 12 calendar 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 Explain: _____					
					<b>SUBTOTAL</b>	
<b>Subtract</b>	Child support paid to another household, if required by a legally-binding child support order					
					<b>TOTAL</b>	

Do you still receive the income on the previous page?  Yes  No *If yes, skip to next section.*  
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 circumstances (explain): \_\_\_\_\_

Parent/Guardian 1: What is your monthly income: \$ \_\_\_\_\_ For which month? \_\_\_\_\_

Parent/Guardian 2: What is your monthly income: \$ \_\_\_\_\_ For which month? \_\_\_\_\_

### Previous Enrollment

This child was previously enrolled in:

- Head Start with a different agency, which one: \_\_\_\_\_  
 Migrant/Seasonal Head Start anywhere in Washington, which one: \_\_\_\_\_  
 Early Head Start with a different agency, Name of EHS Grantee: \_\_\_\_\_  
 Early ECEAP, Name of Early ECEAP contractor: \_\_\_\_\_  
 Any birth-to-three home visiting program  
 ESIT – Early Support of Infants and Toddlers, Name of ESIT Provider: \_\_\_\_\_  
 Part C IDEA Early Intervention program in another state,  
Name of state and provider: \_\_\_\_\_

### IEP or Suspected Delay

- This child has an Individualized Education Program (IEP).  
 This child has a diagnosed developmental delay or disability with no IEP.  
 This child completed a developmental screening that recommended referral for further evaluation.  
 This child has a suspected developmental delay or disability.  
*(No IEP, diagnosis, or screening, or completed developmental screening with result, "rescreen needed". (please describe):*  
\_\_\_\_\_

If this child has an IEP, check all categories of the IEP. If not, skip to next question.

- Autism       Intellectual disability       Specific learning disability  
 Deaf or Blindness       Multiple disabilities       Speech or language impairment  
 Developmental delay       Orthopedic impairment       Traumatic brain injury  
 Emotional disturbance       Other health impairment       Visual impairment  
 Hearing impairment

IEP Start Date: \_\_\_\_\_ IEP End Date: \_\_\_\_\_

What school district issued this child's IEP? \_\_\_\_\_

This child will receive IEP services:

- Within the ECEAP classroom only  
 During ECEAP hours only, but outside the ECEAP classroom  
 Outside ECEAP hours

Has this child been expelled from any early learning program or child care due to behavior?  Yes  No  
*ECEAP serves children with behavior issues. Checking yes will not exclude your child.*

**Additional Qualifying Questions**

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

- Does this child have a household family member who has a chronic physical or mental health condition that:  
 Severely impacts their ability to engage in work, school, or family life?  Yes  No  
 or Moderately impacts their ability to engage in work, school, or family life?  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 or seasonal agricultural worker?  
*(51% or more of family income from agricultural work)*  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 Military Reserve?  Yes  No
- Does this child have a military parent deployed currently, or within the past 12 months,  
 or for a total of 19 or more months within the child’s lifetime?  Yes  No
- Does this child have a parent who is incarcerated in jail, prison or detention center?  Yes  No
- Has this child experienced the loss of a parent, such as by death, abandonment, or deportation?  Yes  No
- Has this child experienced the divorce or separation of their parents?  Yes  No
- Has this child experienced homelessness within the last 12 months?  Yes  No
- Has this child lived in a household with domestic violence, including in-utero?  Yes  No
- Has this child lived in a household with substance abuse, including in-utero?  Yes  No
- Has this family received CPS/FAR/ICW services or been involved with law enforcement/court  
 system regarding child abuse, neglect, or sexual assault in the past?  Yes  No
- Has this child been reunited with parents after foster or kinship care in the past 12 months?  Yes  No
- ECEAP received a professional referral for this family.  Yes  No  
 If yes, which agency made the referral? \_\_\_\_\_

**Parent Education Level: mark highest level of education achieved.**

	Parent/Guardian 1	Parent/Guardian 2
Name: _____	_____	_____
6 <sup>th</sup> grade or less	<input type="checkbox"/>	<input type="checkbox"/>
7 <sup>th</sup> to 12 <sup>th</sup> grade, no diploma or GED	<input type="checkbox"/>	<input type="checkbox"/>
High school diploma or GED	<input type="checkbox"/>	<input type="checkbox"/>
Some college	<input type="checkbox"/>	<input type="checkbox"/>
Professional certificate (includes vocational schools)	<input type="checkbox"/>	<input type="checkbox"/>
Associates degree	<input type="checkbox"/>	<input type="checkbox"/>
Bachelor’s degree	<input type="checkbox"/>	<input type="checkbox"/>
Master’s degree or Doctorate	<input type="checkbox"/>	<input type="checkbox"/>



**Health Information** Please attach a copy of the child's immunization record (CIS form or Exemption form)

Does this child have a **chronic physical or mental health condition** that:

Severely impacts child development or attendance?  Yes\*  No

or Moderately impacts child development or attendance?  Yes\*  No

\*If yes to either question, please describe: \_\_\_\_\_

Was this child born preterm (less than 37 weeks), or weigh less than 5.5 pounds at birth?

Yes  No  Unknown

Does this child have **medical insurance** 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 (MM/DD/YYYY): \_\_\_\_\_  Date Unknown

Does this child have **dental insurance** coverage?

Yes  No  Unknown

Washington Apple Health for Kids/Provider One Services Card

Military 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 exam within the last 6 months?

Yes  No  Unknown

Date of last dental screening before applying for ECEAP (MM/DD/YYYY): \_\_\_\_\_  Date Unknown

**Signature of Parent or 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 (TANF) dollars from the federal government.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

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:

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

Print Name \_\_\_\_\_

Title: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_