2019-20 ECEAP Prescreen & Application (Combined form)

Return to: Kathy Lynott (Family Services Specialist) Phone: 425-238-8076  Email: Kathy.lynott@childstrive.org

1. Child Information

School year applying for: ________________

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:

- Argentinian
- Bolivian
- Chilean
- Colombian
- Costa Rican
- Cuban
- Dominican
- Ecuatorian (Ecuadorian)
- Guatemalan
- Honduran
- Mexican or Mexican-American (Chicano)
- Nicaraguan
- Panamanian
- Peruvian
- Puerto Rican
- Salvadoran
- Spanish
- Uruguayan
- Venezuelan
- Latin American
- Other Hispanic or Latino (describe)____________________

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

- White
- Black or African American
- Alaska Native

  - Aleut (Unangan)
  - Alutiiq
  - Athabaskan
  - Eskimo (Inupiaq or Yupik)
  - Eyak
  - Haida
  - Tlingit
  - Tsimshian
  - Other Alaska Native
  (describe)____________________

- American Indian

  - Chehalis
  - Chinook
  - Colville
  - Cowlitz
  - Duwamish
  - Hoh
  - Jamestown
  - Kalispel
  - Kikiallus
  - Lower Elwha
  - Lummi
  - Makah
  - Muckleshoot
  - Nisqually
  - Nooksack
  - Port Gamble Klallam
  - Puyallup
  - Quileute
  - Quinault
  - Samish
  - Sauk-Suiattle
  - Shoshone
  - Skokomish
  - Snohomish
  - Snoqualmie
  - Snoqualmoo
  - Spokane
  - Squaxin Island
  - Steilacoom
  - Stillaguamish
  - Suquamish
  - Swinomish
  - Tulalip
  - Upper Skagit
  - Yakama
  - Other American Indian
  (describe)____________________

- Asian

  - Asian Indian
  - Bangladeshi
  - Bhutanese
  - Burmese
  - Cambodian/Kampuchean
  - Chinese
  - Filipino
  - Hmong
  - Indonesian
  - Japanese
  - Korean
  - Laotian
  - Madagascar
  - Malagasy
  - Maldivian
  - Mongolian
  - Nepali
  - Pakistani
  - Singaporean
  - Sri Lankan
  - Taiwanese
  - Thai
  - Vietnamese
  - Other Asian
  (describe)____________________

- Native Hawaiian or Other Pacific Islander

  - Fijian
  - Guamanian
  - Kosraean
  - Mariana Islander
  - Marshall Islander
  - Melanesian
  - Micronesian
  - Native Hawaiian
  - Palauan
  - Papua New Guinean
  - Ponaapean (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.*

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Birthdate</th>
<th>Relationship to ECEAP Child</th>
<th>Does the ECEAP child’s parent or guardian financially support this person?</th>
<th>Is this person related to the ECEAP child’s parent/guardian by blood, marriage, or adoption?</th>
</tr>
</thead>
<tbody>
<tr>
<td>ECEAP Child:</td>
<td></td>
<td></td>
<td>ECEAP Child</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Parent/guardian:</td>
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<td>Yes</td>
<td>Yes</td>
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<td>Parent/guardian:</td>
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</tbody>
</table>

*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) ________________  

☐ 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? ________________________________  *Skip to section 5.*

Spouse of this parent, if any: ________________________________

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

If yes, which parent receives the child support payments? ________________________________  *Skip to section 5.*

Spouse of this parent, if any: ________________________________

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.

<table>
<thead>
<tr>
<th>Parent/Guardian #1 Name</th>
<th>Parent/Guardian #2 Name</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Employed?</strong></td>
<td></td>
</tr>
<tr>
<td>a. If yes, average paid hours per week</td>
<td></td>
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<td>b. If yes, enter employer name (don’t enter unknown or N/A)</td>
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<td>c. If yes, enter employer phone number or email</td>
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<tr>
<td><strong>In school or job training?</strong></td>
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<tr>
<td>a. If yes, class hours per week</td>
<td></td>
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<td>b. If yes, study hours per week (maximum 10)</td>
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<tr>
<td>c. If yes, enter name of school or training organization.</td>
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<tr>
<td>d. If yes, enter goal or major.</td>
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<td><strong>Travel between child care and work/school?</strong></td>
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<tr>
<td>a. If yes, hours per week (maximum 10)</td>
<td></td>
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<tr>
<td><strong>CPS/FAR/ICW child care hours not counted above?</strong></td>
<td></td>
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<tr>
<td>a. Additional hours per week of child care approved by CPS</td>
<td></td>
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<tr>
<td><strong>Approved WorkFirst hours not counted above?</strong></td>
<td></td>
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<tr>
<td>a. If yes, name of activity.</td>
<td></td>
</tr>
<tr>
<td>b. If yes, total hours per week</td>
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<tr>
<td><strong>Disabled parent</strong> unable to work and unable to care for the child while the other parent works?</td>
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<tr>
<td>If either parent has more than 55 hours total per week, explain:</td>
<td></td>
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</tbody>
</table>

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

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

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:
- Head Start at your agency
- Head Start with a different agency
- Migrant/Seasonal Head Start anywhere in Washington
- Early Head Start
- Any birth-to-three home visiting program
- 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.

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

<table>
<thead>
<tr>
<th>Highest level of education</th>
<th>Parent/Guardian 1</th>
<th>Parent/Guardian 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>6th grade or less</td>
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<tr>
<td>7th to 12th grade, no diploma or GED</td>
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<td></td>
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<tr>
<td>High school diploma or GED</td>
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<tr>
<td>Some college</td>
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<tr>
<td>Professional certificate (includes vocational schools)</td>
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<tr>
<td>Associate degree</td>
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<tr>
<td>Bachelor’s degree</td>
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<tr>
<td>Master’s degree or doctorate</td>
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</tbody>
</table>

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?
□ 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?
□ 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:

- Child eligibility criteria.
- Children’s actual start dates and last days 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 __________________________________________
Signature __________________________________________ Date ________________