

ECEAP Prescreen & Application (Combined form)

For assistance completing this form, call: CC Parker at (509)354-4221 or (509) 354-3336 or email: CCP@spokaneschools.org or Juliana Greiner at (509) 354-4041 or email: JulianaG@spokaneschools.org.

1. Child Information

School year applying for: _____

Legal First Name _____

Application date: ____/____/_____

Middle Name _____

Legal Last Name _____

Child's birth date ____/____/_____

Nickname _____

Gender: Male Female

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

Is this child in licensed foster care?

Yes No

Is this child's family currently receiving Child Protective Services (CPS) or similar Indian Child Welfare (ICW) services?

Yes No

Is this child's family currently receiving Family Assessment Response (FAR) services?

Yes No

Is this child homeless (does not have a fixed, regular, and adequate nighttime residence)?

Yes No

If yes, does this homeless child live with a parent or legal guardian? Yes No

If child is not with a guardian, describe situation: _____

Is this child living with a guardian, who is not a parent or licensed foster parent, who receives a TANF grant on behalf of the child?

Yes No

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 your 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 _____

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
- Shoalwater
- Skokomish
- Snohomish
- Snoqualmie
- Snoqualmoo
- Spokane
- Squaxin Island
- Steilacoom
- Stillaguamish
- Suquamish
- Swinomish
- Tulalip

Upper Skagit

Yakama

Other American Indian _____

Asian

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

Native Hawaiian or Other Pacific Islander

- Fijian
- Guamanian
- Kosraean
- Mariana Islander
- Marshall Islander
- Melanesian
- Micronesian
- Native Hawaiian
- Palauan
- Papua New Guinean
- Ponapean (Pohnpeian)
- Samoan
- Solomon Islander
- Tahitian
- Tarawa Islander
- Tokelauan
- Tongan
- Trukese (Chuukese)
- Vanuatuan (New Hebrides Islander)
- Yapese

2. Parent/Guardian Contact Information

First Name _____ Last Name _____ Gender: Male Female

Relationship to Child: Parent (biological or adoptive) Step Parent Foster Parent Grandparent
 Other Relative Other Legal Guardian Other (specify) _____

Parent's Birth Date: ____/____/____

Physical Street Address _____ City _____ Zip _____

County _____

Mailing address (if different) _____ City _____ Zip _____

School District _____ Email _____

Phone _____ Alternate Phone _____

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

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

Additional Parents/Guardians: (if address is different, please add)

First Name _____ Last Name _____ Birth Date __-__-
____/____/____

First Name _____ Last Name _____ Birth Date __-__-
____/____/____

First Name _____ Last Name _____ Birth Date __-__-
____/____/____

3. Child lives with:

One parent/guardian (Name) _____

Two parents/guardians in same household (Names) _____

Two parents/guardians in two households –
If this is checked, complete 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 parent with primary custody, if any: _____ **Skip to section 4.**

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 parent with primary custody, if any: _____ **Skip to section 4.**

If **no**, name the legal parent/guardian that shares custody for each household. Do not include their spouses.

(Household 1) _____ (Household 2) _____

4. Estimated Family Size – This is used to determine family’s federal poverty level, and may be different than the number of people in the house.

- (a) In addition to the ECEAP child and the parent(s) named in question 3, how many other children and adults live with this child? _____ (Enter second household here, if any _____)
- (b) Of the number just entered, how many people are supported by the income received by the parents named in question 3? If there is \$0 income for the household, enter the number from box 4a. _____ (Enter second household here, if any _____)
- (c) Of the number just entered, how many people are related to the parent(s) named in question 3 by blood, marriage, or adoption? _____ (Enter second household here, if any _____)

The “family size” for federal poverty level purposes is this number, plus the ECEAP child, plus parents named in #3.

5-8. Parent Activities

Answer the following questions for each parent/guardian named in question #3	Parent/Guardian #1 Name _____	Parent/Guardian #2 Name _____
5. Is this parent/guardian employed ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, enter number of hours per week in paid work plus work-related travel.		
b. If yes, enter employer name and phone or email.		
6. Is this parent/guardian enrolled and attending school or job training ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, enter the total number of hours per week when school is in session. Include class time, up to 10 hours of study time, and travel time.		
b. If yes, enter name of school or training organization.		
c. If yes, enter goal or major.		
7. Is this parent/guardian in an approved WorkFirst activity other than employment, education or job training mentioned above?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, describe activity.		
b. If yes, enter number of hours per week in approved activity and related travel.		
8. Is family approved for child care through Child Protective Services (CPS) , including Family Assessment Response (FAR)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, enter number of approved hours per week.		

9. Estimated Family Income \$ _____

What is the estimated total annual income received by this child's parent(s) or guardian(s) named in question 3 above?

10. How did you find out about ECEAP?

- DEL Website Community Event Flyer ECEAP Employee Word of Mouth
 Case Worker Media Community Agency Name of Agency: _____
 Other Describe other: _____

11. Family Info: Other Household Members (Optional)

First Name	Last Name	Gender	Relationship to Child	Age, if under 19	Birthdate, if under 5

12. Family Info: Second Household *If this child has one household, skip to section 3.*

Parent/Guardian name(s) _____

Street Address _____ City _____ Zip _____

Mailing address (if different) _____ City _____ Zip _____

Phone _____ Alternate Phone _____ Email _____

13. Household Situation

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

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

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

If this child is homeless and not living with a parent or guardian, skip to section 5.

If this child is in foster care or living with a guardian who receives a TANF grant for the child, fill in this information, then skip to section 5.

Monthly foster care or SSI grant for child \$ _____ Foster care or SSI case number _____

Monthly grant amount \$ _____ # of children on grant _____ TANF Client ID number _____

- Did this family receive income during the last calendar year or during the previous 12 months? Yes No

If no, describe reason family does not have income: _____

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

- Select either: Previous calendar year Previous 12 months

Name of person(s) receiving 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			\$		\$
	Disability income, including SSI			\$		
	Military Leave & Earnings Statement (LES). Count all pay and allowances except BAH, BAS 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 5.

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

earner Divorce or separation Loss of job Job Changed Loss of wage
 Loss of benefits Other (explain) _____

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

15. Previous Enrollment

Was this child previously enrolled in Head Start (for preschoolers)? Yes No If yes, where? _____

Was this child enrolled in Early Head Start or a birth-to-three home visiting program? Yes No

Did this child have a Family Resource Coordinator (ESIT program)? Yes No

Does this child have an Individualized Education Program (IEP)? Yes No

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

- | | | |
|--|--|--|
| <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

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.

16. Additional Questions

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

Is this child an English language learner (speaks another language and is learning English)? Yes
 No

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 your family received services from Child Protective Services (CPS) or similar Indian Child Welfare (ICW) services in the past? Yes
 No
- Has your family ever experienced domestic violence? Yes
 No
- Does your family struggle with substance abuse issues? Yes
 No
- Do you have a support system outside of your family (people you can talk to and people who help you)? Yes
 No
- ECEAP received a professional referral for this family. Yes
 No

Name of referring agency: _____

17. 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		
Associate degree		
Bachelor's degree		
Master's degree or doctorate		

18. 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 Medical Coverage
 Private Medical Insurance Tribal Coverage

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

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

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 certify that the information on this form is true and correct. I understand that this information may be reported to other state agencies or research firms. The Department of Early Learning keeps the identity of individual children and families confidential to the extent allowed by state and federal law.

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.

Signature _____