Early Learning Application 2019-2020

Early Learning psesd excellence & equity in education Puget Sound Educational Service District

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

Application: Fill out the application form using a black or blue pen.

2

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

3

Proof of Family Size: Attach a copy of proof of family size.

Use one of these:

- Last year's Income Tax Return
- Rental or housing document
- Benefits letter (TANF, SSI, etc.)
- School records
- Court or legal document

4

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

5

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:

Phone Number:

Child Information – General

First Name: Middle Initial: Last Name:

Date of Birth (month/day/year): Gender: ☐M ☐F

What is your child's home language? 2nd language:

Is your child Hispanic/Latino? ☐Yes ☐No

What is your child's race? Check all that apply:

☐African/African American/Black
☐Asian
☐Alaska Native/Native American/American Indian
☐Native Hawaiian or Pacific Islander
☐White
☐Not listed above: _____

What is your family's heritage/tribe/country of origin?

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? _____ Name and location of program: _____

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 official foster care or kinship care with a grant amount?
☐Yes - Case # or Client ID # _____ ☐No
Monthly grant/payment amount and source _____ ☐DSHS ☐SSI ☐Tribe ☐Other
# of children covered by grant amount _____

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 the following?
☐Child Protective Services (CPS) ☐Family Assessment Response (FAR) ☐Indian Child Welfare (ICW)? ☐None

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? _____ ☐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 _____ ☐No
Name of medical professional _____

Did this child have a well-child exam within the last 12 months? ☐Yes – Date of last exam (month/day/year): _____ ☐No ☐Date Unknown

Does this child have dental insurance? ☐Yes ☐No
If yes, what type? ☐Washington Apple Health/ProviderOne ☐Private Insurance ☐Tribal ☐Military Medical Coverage ☐ABCD

Does this child have a regular dentist or dental clinic?
☐Yes - ☐Yes - Name of clinic/provider _____ ☐No
Name of dental professional _____

Child Health and Development Information continued

Did this child have a dental exam within the last 6 months? ☐Yes – Date of last exam (month/day/year): _____ ☐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: _____ ☐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.) ☐Drug/alcohol affected

☐Hearing ☐Fine motor/gross motor

☐Vision ☐Mental health – Describe: _____

☐Tooth pain/decay/bleeding gums ☐Food intolerance/special diet – Describe: _____

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 ☐Intellectual disability ☐Specific learning disability

☐Deaf-blindness ☐Multiple disabilities ☐Speech/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 the IEP? _____

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 ☐No

☐Behavior – Describe: _____

☐Other – Describe: _____

Family Information

	Parent/Guardian 1	Parent/Guardian 2
Name		
Relationship to child	☐Biological/Adopted/Stepparent ☐Foster Parent ☐Aunt/Uncle ☐Grandparent ☐Other _____	☐Biological/Adopted/Stepparent ☐Foster Parent ☐Aunt/Uncle ☐Grandparent ☐Other _____
Gender	☐M ☐F ☐Not specified	☐M ☐F ☐Not specified
Date of Birth (month/day/year)		
Address		
Phone	_____ ☐Home ☐Cell ☐Work	_____ ☐Home ☐Cell ☐Work
Alternate Phone	_____ ☐Home ☐Cell ☐Work	_____ ☐Home ☐Cell ☐Work
Email		
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? _____	☐Yes ☐No If yes, what language(s) do you speak? _____

Family Information continued

	Parent/Guardian 1	Parent/Guardian 2
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)? _____ Employer name & phone # _____ _____ ☐No ☐Retired/Disabled ☐Seasonal	☐Yes – How many hours per week (including travel)? _____ Employer name & phone # _____ _____ ☐No ☐Retired/Disabled ☐Seasonal
Are you currently in job training or school?	☐Yes – How many hours per week (including class time, study time, travel)? _____ School name & major/goal _____ _____ ☐No	☐Yes – How many hours per week (including class time, study time, travel)? _____ School name & major/goal _____ _____ ☐No
Are you in an approved WorkFirst activity?	☐Yes – Describe the activity and the number of approved hours per week: _____ _____ _____ ☐No	☐Yes – Describe the activity and the number of approved hours per week: _____ _____ _____ ☐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

Please check areas of concern that you have for yourself/family in your household:

☐Previously homeless (in the last 12 months)	☐Household mental illness/counseling, including maternal depression	☐Household drug/alcohol issues or substance abuse
☐Child's parent/guardian is disabled	☐Child's parent/guardian is a migrant worker	☐Family is socially isolated, with complete or near-complete lack of contact with others
☐Child's parent/guardian is currently/recently deployed to a combat zone	☐Household domestic violence (past or current)	
☐Child's parent/guardian is incarcerated		
☐Other household members have no medical/dental insurance	☐Child's parent/guardian has health concerns	☐Getting or keeping a job
☐Other household members have no medical/dental home	☐Child's parent/guardian has learning difficulties	☐Legal concerns
	☐Concerns with housing	☐Recent immigrant/refugee (past 5 years)
		☐Recently deceased family member

Family Information continued

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)? _____

☐No - does one parent receive child support payments from the other household?

☐Yes - which parent receives the child support payments (write name)? _____

☐No

What is the **total number** of family members living in your home, including yourself and your child? _____

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?
			☐Yes ☐No	☐Yes ☐No
			☐Yes ☐No	☐Yes ☐No
			☐Yes ☐No	☐Yes ☐No
			☐Yes ☐No	☐Yes ☐No
			☐Yes ☐No	☐Yes ☐No
			☐Yes ☐No	☐Yes ☐No
			☐Yes ☐No	☐Yes ☐No
			☐Yes ☐No	☐Yes ☐No
			☐Yes ☐No	☐Yes ☐No
			☐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: _____

☐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? _____

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: _____

How did you hear about our program? Check all that apply:

☐Website ☐Community event ☐Site staff ☐Community agency/case worker (write name): _____

☐Media ☐Word of mouth ☐Past parent ☐Other – Please specify: _____

☐Flyer

Parent/guardian, please sign on the next page.

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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:** _____