

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 any 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 any 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 any 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 any 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 any 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: **AG Bell Elementary**

C/O Head Start Preschool/FSS/Bell/ORSH

11212 NE 112<sup>th</sup> ST

Kirkland, Wa 98033

Phone Number: **425-936-1170 x2**



# Early Learning Application 2021-2022

## Child Information – Health

Does this child have medical insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes</b> , what type? <input type="checkbox"/> Washington Apple Health/ProviderOne <input type="checkbox"/> Private Insurance <input type="checkbox"/> Tribal <input type="checkbox"/> Military Medical Coverage	
Does this child have a regular doctor or medical clinic? <input type="checkbox"/> Yes - Name of clinic/provider: _____ Name of medical professional: _____ <input type="checkbox"/> No	
Did this child have a well-child exam within the last 12 months? <input type="checkbox"/> Yes – Date of last exam (month/day/year): _____ <input type="checkbox"/> No <input type="checkbox"/> Date Unknown	

Does this child have dental insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes</b> , what type? <input type="checkbox"/> Washington Apple Health/ProviderOne <input type="checkbox"/> Private Insurance <input type="checkbox"/> Tribal <input type="checkbox"/> ABCD <input type="checkbox"/> Military Dental Coverage	
Does this child have a regular dentist or dental clinic? <input type="checkbox"/> Yes - Name of clinic/provider: _____ Name of dental professional: _____ <input type="checkbox"/> No	
Did this child have dental exam within the last 6 months? <input type="checkbox"/> Yes – Date of last exam (month/day/year): _____ <input type="checkbox"/> No <input type="checkbox"/> Date Unknown	

What is your child's immunization status? <input type="checkbox"/> Fully immunized <input type="checkbox"/> Exempt <input type="checkbox"/> Not fully immunized or exempt <input type="checkbox"/> Not sure
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Has a Health Care Provider diagnosed this child with a chronic health condition (may include mental health, asthma, cancer, diabetes, seizures, ADHD, autism, spina bifida, sickle cell disease, or life-threatening allergies)? <input type="checkbox"/> Yes – Please describe: _____ The health condition is considered: <input type="checkbox"/> Severe <input type="checkbox"/> Moderate <input type="checkbox"/> Mild <input type="checkbox"/> No	
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## Child Information - Development

Do you have concerns about this child's health? <input type="checkbox"/> Yes – check all that apply below <input type="checkbox"/> No		
<input type="checkbox"/> Low birth weight (less than 5.5 lbs/5 lbs 8 oz.)	<input type="checkbox"/> Preterm birth less than 37 weeks	<input type="checkbox"/> Drug/alcohol affected
<input type="checkbox"/> Hearing	<input type="checkbox"/> Fine motor/gross motor	<input type="checkbox"/> Tooth pain/decay/bleeding gums
<input type="checkbox"/> Vision	<input type="checkbox"/> Food intolerance/special diet –	
Please describe: _____		

Does this child have a <b>current and active</b> Individual Education Plan (IEP) or Individual Family Service Plan (IFSP)? <input type="checkbox"/> Yes – Please provide a copy with your application. <input type="checkbox"/> No – Check if any of these apply: <input type="checkbox"/> My child has a diagnosed developmental delay or disability, has no IEP, <b>or</b> is being referred for evaluation. <input type="checkbox"/> My child has a suspected developmental delay or disability.	
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# Early Learning Application 2021-2022

## Parent/Guardian Information

This child lives with:

One parent/guardian (**complete Parent/Guardian 1**)

Two parents/guardians in the same household (**complete Parent/Guardian 1 & 2**)

Two parents/guardians in two households (**complete Parent/Guardian 1 & 2**)

	Parent/Guardian 1	Parent/Guardian 2
Name	_____	_____
Relationship to child	<input type="checkbox"/> Biological/Adopted/Stepparent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Grandparent <input type="checkbox"/> Other: _____	<input type="checkbox"/> Biological/Adopted/Stepparent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Grandparent <input type="checkbox"/> Other: _____
Gender	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Not specified	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Not specified
Date of Birth (month/day/year)	_____	_____
Address (include City, State, Zip)	_____	_____
Phone	_____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	_____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
Alternate Phone	_____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	_____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
Email	_____	_____
Were you under age 18 when this child was born?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
What language(s) do you speak?	_____	_____
Do you need an interpreter for this language?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is your race? Check all that apply	<input type="checkbox"/> African/African American/Black <input type="checkbox"/> Asian <input type="checkbox"/> Alaska Native/Native American/American Indian <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Not listed above: _____	<input type="checkbox"/> African/African American/Black <input type="checkbox"/> Asian <input type="checkbox"/> Alaska Native/Native American/American Indian <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Not listed above: _____
What is the <b>highest</b> level of education you completed?	<input type="checkbox"/> 6 <sup>th</sup> grade or less <input type="checkbox"/> 7 <sup>th</sup> to 12 <sup>th</sup> grade, no diploma or GED <input type="checkbox"/> High school diploma <input type="checkbox"/> GED <input type="checkbox"/> Some college/advanced training <input type="checkbox"/> College/professional certificate <input type="checkbox"/> Associate degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Master's or doctorate degree <input type="checkbox"/> None	<input type="checkbox"/> 6 <sup>th</sup> grade or less <input type="checkbox"/> 7 <sup>th</sup> to 12 <sup>th</sup> grade, no diploma or GED <input type="checkbox"/> High school diploma <input type="checkbox"/> GED <input type="checkbox"/> Some college/advanced training <input type="checkbox"/> College/professional certificate <input type="checkbox"/> Associate degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Master's or doctorate degree <input type="checkbox"/> None



# Early Learning Application 2021-2022

	Parent/Guardian 1	Parent/Guardian 2
Are you currently employed?	<input type="checkbox"/> Yes – How many hours per week (including travel)? _____ Employer name & phone #: _____ <input type="checkbox"/> No <input type="checkbox"/> No, retired or disabled <input type="checkbox"/> Seasonal	<input type="checkbox"/> Yes – How many hours per week (including travel)? _____ Employer name & phone #: _____ <input type="checkbox"/> No <input type="checkbox"/> No, retired or disabled <input type="checkbox"/> Seasonal
Are you currently in job training or school?	<input type="checkbox"/> Yes – How many hours per week (including class time, study time, travel)? _____ School name & major/goal: _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes – How many hours per week (including class time, study time, travel)? _____ School name & major/goal: _____ <input type="checkbox"/> No
Are you in an approved WorkFirst activity?	<input type="checkbox"/> Yes – Describe the activity and the number of approved hours per week: _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes – Describe the activity and the number of approved hours per week: _____ <input type="checkbox"/> No
Are you or have been in the U.S. military?	<input type="checkbox"/> Yes, current service member <input type="checkbox"/> Yes, currently deployed or have been in the last 12 months/for a total of 19 months <input type="checkbox"/> Yes, veteran <input type="checkbox"/> No	<input type="checkbox"/> Yes, current service member <input type="checkbox"/> Yes, currently deployed or have been in the last 12 months/for a total of 19 months <input type="checkbox"/> Yes, veteran <input type="checkbox"/> No

## Family Concerns

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

<input type="checkbox"/> Household member has a disability or has a chronic physical or mental health condition and is:	<input type="checkbox"/> Household domestic violence (past or current), including <i>in utero</i>	<input type="checkbox"/> Child's parent/guardian is a migrant worker
<input type="checkbox"/> Unable to engage in work/school/family life	<input type="checkbox"/> Household drug/alcohol issues or substance abuse (past or current), including <i>in utero</i>	<input type="checkbox"/> Recent immigrant/refugee (past 5 years)
<input type="checkbox"/> Somewhat able to engage in work/school/ family life	<input type="checkbox"/> Family is socially isolated, with complete or near-complete lack of contact with others	<input type="checkbox"/> Child's parent/guardian is incarcerated
<input type="checkbox"/> Mostly able to engage in work/school/family life	<input type="checkbox"/> Child's parent/guardian concern for getting or keeping a job	<input type="checkbox"/> Loss of a parent (death, abandonment, or deportation)
<input type="checkbox"/> Child's parent/guardian has learning difficulties, no disability	<input type="checkbox"/> Family has legal concerns	<input type="checkbox"/> Child's parents/guardians divorced or separated during child's life
		<input type="checkbox"/> Family previously homeless (in the last 12 months)
		<input type="checkbox"/> Family concerns with housing

## Family Living Situation

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.**

<input type="checkbox"/> Rent	<input type="checkbox"/> In a motel	<input type="checkbox"/> A car, park, campsite, or similar location	<input type="checkbox"/> Moving from place to place/couch surfing
<input type="checkbox"/> Own	<input type="checkbox"/> In a shelter	<input type="checkbox"/> Transitional Housing	<input type="checkbox"/> In a residence with inadequate facilities (no water, heat, electricity)
<input type="checkbox"/> In someone else's house or apartment with another family:		<input type="checkbox"/> Other – Please describe: _____	
➢ <input type="checkbox"/> By choice (e.g., to save money, to be close to family, etc.)			
➢ <input type="checkbox"/> Due to loss of housing, economic hardship, or similar reason			



# Early Learning Application 2021-2022

## Family Income and Family Size

Check all that apply if you, this child, or another person living in your home related to you by blood, marriage, or adoption receive these types of Public Assistance:

- SSI for disability received by:  Child  Parent/Guardian  Other – Relationship to child: \_\_\_\_\_  
 Temporary Assistance for Needy Families (TANF) cash.

Check all that apply if your family receives the following:

- Child-only TANF  WorkFirst  Working Connections Child Care subsidy  SNAP  WIC

Were you referred to this program by an agency?  Yes: \_\_\_\_\_  No

### Please list additional people living in this child's primary household below, not including yourself or this 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?
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

What is your **total estimated** household income for the last calendar year or the last 12 months? \_\_\_\_\_

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 the following:

- 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 – If not signed, complete below. Parent signature must be obtained as soon as possible, or no later than the enrollment visit.**

Reviewed and received verbal verification on (date): \_\_\_\_\_ Staff Initials: \_\_\_\_\_

(ECEAP Staff: Enter this date in ELMS if not signed – you cannot update this once the ELMS application is locked)



# Early Learning Application 2021-2022

<b>PSESD Early Learning Staff Only</b>			
<b>Section 1:</b> Staff who finalize and determine eligibility complete this section before placing in the Master Waitlist Drawer			
Child's Age: _____	Total Verified Family Size: _____	Total Verified Income: _____	Total Points: _____
Site Name/ID: _____		Date received: _____ (This date will determine eligibility timeframe)	
Date staff reviewed application with family: _____		Date sent to PSESD (N/A for ECEAP only sites): _____	
<b>EHS Only</b> - Is this child a newborn taking the mother's slot? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, mother's name: _____			
<b>Section 2:</b> For McKinney-Vento Act children/families. Check services the family received. Staff should provide resources within 24-48 hours.			
<input type="checkbox"/> Childcare resources	<input type="checkbox"/> Immunization/medical records	<input type="checkbox"/> Medicaid/DSHS services – Food stamps/TANF	
<input type="checkbox"/> Clothing resources	<input type="checkbox"/> Vision referral	<input type="checkbox"/> College/vocational/technical resources	
<input type="checkbox"/> School supplies	<input type="checkbox"/> Hygiene products/toiletries	<input type="checkbox"/> School transportation (if site provides)	
<input type="checkbox"/> Medical/dental referral	<input type="checkbox"/> Food resources	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Housing/shelter referral	<input type="checkbox"/> Birth certificate		
<b>Staff Name &amp; Signature:</b> _____			<b>Date:</b> _____

