



Child Information

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female  X \_\_\_\_\_

What is your child's primary language?  English  Spanish  Russian  Vietnamese  Chinese  Other: \_\_\_\_\_

What language(s) do you speak at home?  English  Spanish  Russian  Vietnamese  Chinese  Other: \_\_\_\_\_

Child's Race and Ethnicity:

American Indian or Alaska Native

- American Indian
- Alaska Native
- Canadian Inuit, Metis, or First Nation
- Indigenous Mexican, Central American, or South American

Native Hawaiian or Pacific Islander

- Guamanian or Chamorro
- Micronesian
- Native Hawaiian
- Samoan
- Tongan
- Other Pacific Islander

Middle Eastern/Northern African

- Northern African
- Middle Eastern

Asian

- Asian Indian
- Chinese
- Filipino/a
- Hmong
- Japanese
- Korean
- Laotian
- South Asian
- Vietnamese
- Other Asian

Hispanic or Latino/a

- Hispanic or Latino/a Central American
- Hispanic or Latino/a Mexican
- Hispanic or Latino/a South American
- Other Hispanic or Latino/a

Black or African American

- African American
- African (Black)
- Caribbean (Black)
- Other Black

White

- Eastern European
- Slavic
- Western European
- White/Caucasian
- Other White

Other Categories

- Other (Please list)
- Don't know/Unknown
- Decline/Don't want to answer

Is this child currently enrolled in a child care or preschool program?  Yes  No

If yes, list the name of the program: \_\_\_\_\_

Is this child in a state approved foster care placement?  Yes  No

Does this child have an Individual Family Service Plan (IFSP) to support their development?  Yes  No

Does this child have any other health, nutrition, behavioral or mental health concern that requires specialized supports?  Yes  No

If yes, list any health partners, ECSE specialist, or other providers you would like us to know about: \_\_\_\_\_

What is your household size? \_\_\_\_\_

Based on the definition below, do you consider your family to be homeless?  Yes  No

**Homeless** – a child may be considered homeless if the family meets one of the criteria of the McKinney-Vento Definition of "Homeless" - Subtitle B of Title VII of the McKinney-Vento Homeless Assistance Act (Title X, Part C, of the No Child Left Behind Act) defines "homeless" as follows:

Individuals who lack a **fixed** (stationary/permanent), **regular** (used nightly), and **adequate nighttime residence** (sufficient to meet physical and psychological needs typically met in home environments). **Child or family must be: (1)** sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; **(2)** living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate

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accommodations; (3) living in emergency or transitional shelters; (4) abandoned in hospitals; (5) awaiting foster care placement; (6) staying in a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings; (7) living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and (8) migratory children who are living in circumstances described above.

### Legal Parent/Guardian 1 Information

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to child:  Parent  Legal Guardian  Foster Parent  Other: \_\_\_\_\_

Child lives with Parent/Guardian what percentage of time:  0%  1 to 25%  26 to 50%  51 to 74%  75 to 99%  100%

#### Legal Parent/Guardian 1 Contact Information:

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Physical Address (if different):** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

How do you prefer to be contacted?  Primary Phone  Secondary Phone  Email  Other: \_\_\_\_\_

#### Legal Parent/Guardian 1 Language:

In what language do you prefer to receive . . .

Written Communication:  English  Spanish  Russian  Vietnamese  Chinese  Other: \_\_\_\_\_

Verbal Communication:  English  Spanish  Russian  Vietnamese  Chinese  \_\_\_\_\_

#### Other: Legal Parent/Guardian 1 Employment Status:

Check all that apply:  Employed PT/FT  Student  Unemployed  Business Owner  Other: \_\_\_\_\_

### Legal Parent/Guardian 2 Information

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to child:  Parent  Legal Guardian  Foster Parent  Other: \_\_\_\_\_

Child lives with Parent/Guardian what percentage of time:  0%  1 to 25%  26 to 50%  51 to 74%  75 to 99%  100%

#### Legal Parent/Guardian 2 Contact Information:

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Physical Address (if different):** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

How do you prefer to be contacted?  Primary Phone  Secondary Phone  Email  Other: \_\_\_\_\_

#### Legal Parent/Guardian 2 Language:

In what language do you prefer to receive . . .

Written Communication:  English  Spanish  Russian  Vietnamese  Chinese  Other: \_\_\_\_\_

Verbal Communication:  English  Spanish  Russian  Vietnamese  Chinese  Other: \_\_\_\_\_

#### Legal Parent/Guardian 2 Employment Status:

Check all that apply:  Employed PT/FT  Student  Unemployed  Business Owner  Other: \_\_\_\_\_

-----STOP HERE PROCEED TO PAGE 4 TO SIGN PARENT CONSENT AND COMPLETE APPLICATION-----

**CERTIFICATION OF ELIGIBILITY - FOR ENROLLMENT STAFF USE ONLY**

Hub Name/Name of Organization: \_\_\_\_\_

Program Year:  2023-24  2024-25

**STEP 1 – Complete the following information:**

# in Family: \_\_\_\_\_ Annual Income: \_\_\_\_\_

Family Income is:

- At or Below 100% FPL
- 101 – 130% FPL
- 131-200% FPL
- TANF, SNAP, OHP (Adult) recipient
- FAR waiver for overincome

Is the Family Income Eligible?  Yes  No

Documents presented for income verification: \*\*

**Check all that apply**

- Child Support Statements
- Foster child documentation
- Income Tax Form 1040 or 1040A
- TANF, SNAP, OHP benefits letter
- Paystubs (3 most recent concurrent)
- SSI letter
- Unemployment Statements
- W2
- Family Income Statement
- Other

**\*\*Keep copies of all documentation presented/used to determine**

Age\* of the child:

Is the child age eligible?  Yes  No

Documents presented for age eligibility:

- Copy of birth certificate;
- Copy of hospital record;
- Copy of pediatrician/doctor's office paperwork;
- Copy of child's immunization record;
- Health insurance documentation;
- Foster care placement letter;
- Legal document that shows child's date of birth; or
- Preschool Promise Date of Birth Supplemental Form

\*Child must be 3 or 4 by September 1 of upcoming school year.

Family resides in Oregon?  Yes  No

Documents presented for living in Oregon verification:

- Current utility/service bill (electric, gas, water/sewer and waste);
- Lease or rental agreement; or
- Identification card or Oregon driver's license;
- Paystub or W-2;
- Benefits letter (Social Security, TANF, SNAP, OHP letter, etc.);
- Foster care placement letter;
- Secure address through Address Confidentiality Program; or
- Preschool Promise Address Supplemental Form

*(Homeless families not required to submit Oregon address documentation.)*

**CERTIFICATION OF ELIGIBILITY - FOR ENROLLMENT STAFF USE ONLY – CONT**

**STEP 2 – Staff Certification and signature:**

INTAKE STAFF - I have examined documents and information presented by the parent(s)/guardian(s) and to the best of my knowledge the family is:

- Eligible for Preschool Promise services
- Not Eligible for Preschool Promise services

Staff Print Name	Staff Signature	Date
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**STEP 3 – Placement**

Child is placed in _____	at _____	
PSP Grantee	Site Name	Date

In the event of a transfer:

Child is placed in _____	at _____	
PSP Grantee	Site Name	Date

Child is placed in _____	at _____	
PSP Grantee	Site Name	Date

**PARENT CONSENT - Legal Parent/Guardian Signature**

By signing this application, I confirm that I have given true and complete information and I understand that the Oregon Department of Education and its Early Learning Division may verify the information on this form. I understand that making false statements or intentionally omitting information may subject me to state and federal penalties. I understand Preschool Promise is a state funded program and preschool services provided under the Preschool Promise program may end if funds are no longer available.

I understand and agree that the information on this form, any information gathered or collected by the provider as part of the Certification of Eligibility, and any tests or reports, describing my child’s educational progress in the Preschool Promise Program may be shared with entities involved in the delivery of Preschool Promise services and supports to my child, including but not limited to preschool providers, Enrollment Committees, Early Learning Hubs, Education Service Districts and the Oregon Department of Education and its Early Learning Division, for the purpose of administering and evaluating the Preschool Promise Program.

**Submission of this eligibility form is not a guarantee of admission into the Preschool Promise program.  
Legal Parent/Guardian Signature and Date Required.**

Print Name	Signature	Date
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# Preschool Promise Full Application

**Homeless** – a child may be considered homeless if the family meets one of the criteria of the McKinney-Vento Definition of "Homeless" - Subtitle B of Title VII of the McKinney-Vento Homeless Assistance Act (Title X, Part C, of the No Child Left Behind Act) defines "homeless" as follows:

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FOR STAFF USE ONLY		
Date	Staff	Notes (contact, referrals made, results of screening and enrollment process, etc.)