



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

<input type="checkbox"/>	American Indian
<input type="checkbox"/>	Alaska Native
<input type="checkbox"/>	Canadian Inuit, Metis, or First Nation
<input type="checkbox"/>	Indigenous Mexican, Central American, or South American

Native Hawaiian or Pacific Islander

<input type="checkbox"/>	Guamanian or Chamorro
<input type="checkbox"/>	Micronesian
<input type="checkbox"/>	Native Hawaiian
<input type="checkbox"/>	Samoa
<input type="checkbox"/>	Tongan
<input type="checkbox"/>	Other Pacific Islander

Middle Eastern/Northern African

<input type="checkbox"/>	North African
<input type="checkbox"/>	Middle Eastern

Asian

<input type="checkbox"/>	Asian Indian
<input type="checkbox"/>	Chinese
<input type="checkbox"/>	Filipino/a
<input type="checkbox"/>	Hmong
<input type="checkbox"/>	Japanese
<input type="checkbox"/>	Korean
<input type="checkbox"/>	Laotian
<input type="checkbox"/>	South Asian
<input type="checkbox"/>	Vietnamese
<input type="checkbox"/>	Other Asian

Hispanic or Latino/a

<input type="checkbox"/>	Hispanic or Latino/a Central American
<input type="checkbox"/>	Hispanic or Latino/a Mexican
<input type="checkbox"/>	Hispanic or Latino/a South American
<input type="checkbox"/>	Other Hispanic or Latino/a

Black or African American

<input type="checkbox"/>	African American
<input type="checkbox"/>	African (Black)
<input type="checkbox"/>	Caribbean (Black)
<input type="checkbox"/>	Other Black

White

<input type="checkbox"/>	Eastern European
<input type="checkbox"/>	Slavic
<input type="checkbox"/>	Western European
<input type="checkbox"/>	White/Caucasian
<input type="checkbox"/>	Other White

Other Categories

<input type="checkbox"/>	Other:
<input type="checkbox"/>	Don't know/Unknown
<input type="checkbox"/>	Decline/Don't want to answer

Is your child currently enrolled in a child care/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 your child receive special education services, have an Individual Family Service Plan (IFSP), working with Early Intervention (EI), or Early Childhood Special Education (ECSE) to support your child's development? Yes No

Does your child require any of the following specialized supports (answer does not impact eligibility)?

Behavioral		Health		Mental Health		Nutrition	
<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

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

How many people live in your household? _____

Is your family currently facing any of the following living situations: living in a shelter, staying in a motel or campground due to a lack of adequate housing, residing in a car, park, abandoned building, or bus/train station, double up (staying) with others due to housing loss or financial difficulties or Lacking a fixed, regular, and adequate place to stay at night?

Yes No

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 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 Text Other: _____

IN WHICH 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 Business Owner Currently not working (unemployed, stay at home parent, retired, etc.)

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 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 Text Other: _____

IN WHICH 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 Business Owner Currently not working (unemployed, stay at home parent, retired, etc.)

Other: _____

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 Early Learning and Care 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 PSP is a state funded program and preschool services provided under the PSP 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 PSP Program may be shared with entities involved in the delivery of PSP services and supports to my child, including but not limited to preschool providers, Enrollment Committees, Hubs, Education Service Districts (Early Childhood Special Education services), Child Care Resource & Referral and the Oregon Department of Early Learning and Care, for the purpose of administering and evaluating the PSP Program.

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

Print Name: _____

Signature: _____ Date: _____

CERTIFICATION OF ELIGIBILITY FORM - FOR PSP ELIGIBILITY SPECIALIST USE ONLY

Hub Name: _____

STEP 1 - Complete the following information

Child's Name: _____

Family Size: _____

Annual Income: _____

Family Income Level:

<input type="checkbox"/>	At or below 100% FPL
<input type="checkbox"/>	101 - 130% FPL
<input type="checkbox"/>	131-200% FPL
<input type="checkbox"/>	TANF, Adult OHP, OHP Bridge, OHP CWM ("emergency medical" or "emergency Medicaid")
<input type="checkbox"/>	GALA (formerly known as FAR) waiver for over income

Documents presented for income verification:
(Check all that apply)

<input type="checkbox"/>	Child Support Statements
<input type="checkbox"/>	Foster Child documentation
<input type="checkbox"/>	Income Tax Form 1040 or 1040A
<input type="checkbox"/>	TANF, Adult OHP, OHP Bridge, OHP CWM ("emergency medical" or "emergency Medicaid")
<input type="checkbox"/>	SNAP, ERDC, WIC with additional income verification
<input type="checkbox"/>	Paystubs (3 most recent concurrent)
<input type="checkbox"/>	SSI letter
<input type="checkbox"/>	Unemployment Statements
<input type="checkbox"/>	W2
<input type="checkbox"/>	Family Income Supplemental Form
<input type="checkbox"/>	Other

Is the family income eligible? Yes No

Age* of the Child: _____

*Children must be at least three years old, but not yet eligible for kindergarten, by the date used to determine kindergarten eligibility (September 1 for most school districts in Oregon, please verify date with local school districts).

Documents presented for age eligibility verification:

<input type="checkbox"/>	Copy of birth certificate
<input type="checkbox"/>	Copy of hospital record
<input type="checkbox"/>	Copy of pediatrician/doctor's office paperwork
<input type="checkbox"/>	Copy of child's immunization record
<input type="checkbox"/>	Health insurance documentation
<input type="checkbox"/>	Foster care placement letter
<input type="checkbox"/>	Legal document (e.g. benefits letter) that shows child's date of birth
<input type="checkbox"/>	PSP Date of Birth Supplemental Form

Is the child's age eligible? Yes No

Does the family live in Oregon? Yes No

Please note: Homeless families not required to submit Oregon address documentation.

Documents presented for living in Oregon verification:

	Current utility/service bill (electric, gas, water/sewer and waste)
	Lease or rental agreement
	Identification card or Oregon driver's license
	Paystub, 1040 tax form, or W2
	Benefits letter (Social Security, TANF, SNAP, OHP letter, etc.) dated within the last 12 months
	Foster care placement letter
	Secure address through Address Confidentially Program
	PSP Address Supplemental Form

Important: PSP Eligibility specialists are required to keep copies of all documentation presented/used to determine eligibility.

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 PSP services
 Not Eligible for PSP services

Staff Print Name

Staff Signature

Date

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