

Early Learning Application Cover Sheet

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.

Scan for more information



Required Documents to Attach with Application: Please contact us if you need help to complete the application or if you do not have any of the required documents listed below. Please fill out the application with blue or black ink.

1	 <p>Proof of Income: Attach a copy of your proof of family income.</p>	<p>Use any that apply:</p>	<ul style="list-style-type: none"> • Income Documents: <ul style="list-style-type: none"> ○ Last year's Income Tax Return ○ Last year's W-2 Form(s) ○ Pay stubs from the last 12 months • Current SSI/TANF/SNAP benefits letters 	<ul style="list-style-type: none"> • Foster care grant • Child support received for 12 months • Employer letter stating your total gross income from the last 12 months
2	 <p>Proof of Family Size: Attach a copy of proof of family size.</p>	<p>Use any of these:</p>	<ul style="list-style-type: none"> • Last year's Income Tax Return • Rental or housing document • Benefits letter (TANF, SSI, SNAP, etc.) 	<ul style="list-style-type: none"> • School records • Court or legal document
3	 <p>Proof of Child's Age: Attach a copy of your child's proof of birth date.</p>	<p>Use any of these:</p>	<ul style="list-style-type: none"> • Child's Birth Certificate • Passport/Visa • Adoption Papers 	<ul style="list-style-type: none"> • Foster Care Authorization Letter • Current Immunization Record • DOC residential parenting roster
4	 <p>Proof of Legal Guardianship: Attach a copy of your proof of legal guardianship.</p>	<p>Use any of these:</p>	<ul style="list-style-type: none"> • Birth Certificate • Passport/Visa • Adoption Papers • Foster Care Record 	<ul style="list-style-type: none"> • Written agreement signed and dated by parents and person assuming custodial responsibility
5	<p>Additional Documents as Applicable</p>		<ul style="list-style-type: none"> • Current Immunization Record • Current IEP/IFSP • Most recent Well Child Exam • Most recent Dental Exam • Proof of Tribal Membership 	

- 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 that are not listed above.

Return your completed application and documents to:

Center/Site Address:

Contact Information:



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Staff Only	ChildPlus ID: <input type="text"/>	ELMS ID: <input type="text"/>	<input type="checkbox"/> ECEAP <input type="checkbox"/> HS <input type="checkbox"/> EHS	Date Received: <input type="text"/>
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Child Information – General

First Name: <input type="text"/>	Middle Initial: <input type="text"/>	Last Name(s): <input type="text"/>
Date of Birth (month/day/year): <input type="text"/>	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Preferred Name: <input type="text"/>
What is this child's home language? <input type="text"/>		2 nd language: <input type="text"/>
This child speaks: <input type="checkbox"/> Only English <input type="checkbox"/> Mostly English and another language <input type="checkbox"/> *Some English, but mostly another language <input type="checkbox"/> Both English and another language the same (bilingual) <input type="checkbox"/> *Only a language other than English		

Child is (Check all that apply):		
<input type="checkbox"/> African/African American/Black	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Decline to Report
<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> Not listed: <input type="text"/>
<input type="checkbox"/> Alaska Native/Native American/American Indian	<input type="checkbox"/> White	

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

Staff Only: If this child is applying for ECEAP, and parent has marked Alaska Native/Native American/American Indian, please confirm whether this child is a member or eligible for membership in a Federally recognized tribe.

This child's previous or current enrollment:	
<input type="checkbox"/> None	<input type="checkbox"/> Head Start/Early Head Start/ECEAP/Early ECEAP in another Washington State County, not a PSESD Program
<input type="checkbox"/> No previous preschool enrollment (ages 3-5)	<input type="checkbox"/> Previous preschool enrollment (ages 3-5)
<input type="checkbox"/> Early Support for Infants and Toddlers (ESIT), IDEA Part C, ECLIPSE	<input type="checkbox"/> Migrant/Seasonal Head Start anywhere in Washington State
<input type="checkbox"/> Head Start/Early Head Start/ECEAP/Early ECEAP in King or Pierce County, Washington State, or a PSESD Program	
When did this child last attend? <input type="text"/>	Name and location of program: <input type="text"/>

Is this child currently enrolled in a community slot at this site? Yes No

Is this child a **sibling** of a child currently enrolled in the program you are applying to? Yes No

Foster or Kinship Care: Has this child ever been in foster, kinship or orphanage care? Yes No

If yes, please answer the following questions:

Is this child in official foster care or kinship care **with** a foster care payment? Yes No

- **If yes**, what is the Case Number or Client ID Number?
- What is the monthly payment amount and source? \$
 - DSHS
 - SSI
 - Tribe
 - Other

of children covered by payment amount:

Is this child in kinship care **without** a payment amount? Yes No

Was this child adopted after foster or kinship care, or from orphanage in another country? Yes No

Was this child recently reunited with parent(s) after foster care or kinship care? Yes No



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Child's First Name:

Child's Last Name:

The questions below are for information only. Answering "Yes" will not affect your eligibility or enrollment in the program.

Does your family currently receive services /support through Child Protective Services (CPS), Family Assessment Response (FAR), Indian Child Welfare (ICW), comparable tribal services, or law enforcement/court system? Yes No

Has your family received services/support from CPS/FAR/ICW, comparable tribal services, or law enforcement/court system in the past? Yes No

Is your family currently approved for childcare through CPS or FAR?

Yes – How many approved hours per week? No

Has this child ever been asked to leave an early learning program because of behavior? Yes No

Child Information – Health

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: _____ Name of medical professional: _____
 No

Does this child have dental insurance? Yes No

If yes, what type? Washington Apple Health/ProviderOne Private Insurance Tribal ABCD Military Dental Coverage

Does this child have a regular dentist or dental clinic?

Yes - Name of clinic/provider: _____ Name of dental professional: _____
 No

What is your child's immunization status? Fully immunized Exempt Not fully immunized, not exempt Not sure

Does this child have a chronic health condition (may include mental health, asthma, cancer, diabetes, seizures, ADHD, autism, spina bifida, sickle cell disease, or life-threatening allergies)?

Yes – Please describe:

No

The health condition is considered:

Severe Moderate Mild

Has a Health Care Provider diagnosed this condition?

Yes No



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Child's First Name:	Child's Last Name:
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Child Information - Development

Do you have concerns about this child's health? Yes – check all that apply below 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 **current and active** Individual Education Plan (IEP) or Individual Family Service Program (IFSP)?

Yes – Please provide a copy with your application.

No – Check if any of these apply:

- My child had an evaluation and was determined eligible for an IEP, but we are waiting for IEP to be issued or declined services.
- My child has had an IFSP in the past but did not transition to an IEP with the school district.
- My child has a diagnosed developmental delay or disability with no IEP, or is being referred for evaluation.
- My child has a suspected developmental delay or disability.
- I have concerns about my child's development.
- None apply

Parent/Guardian Information

This child lives with:

- One parent/guardian with primary custody (**complete Parent/Guardian 1**)
- Two parents/guardians in the same household (**complete Parent/Guardian 1 & 2**)
- Two parents/guardians in two households, one parent/guardian with primary custody (**complete Parent/Guardian 1**)
- Two parents/guardians in two households with equally shared time and custody (**complete Parent/Guardian 1 & 2**)

Parent/Guardian 1	Parent/Guardian 2
First Name	First Name
Last Name(s)	Last Name(s)
Relationship to child <input type="checkbox"/> Biological/Adopted/Stepparent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Other:	Relationship to child <input type="checkbox"/> Biological/Adopted/Stepparent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Other:
Gender <input type="checkbox"/> M <input type="checkbox"/> F	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Date of Birth (month/day/year)	Date of Birth (month/day/year)
Address (include City, State, Zip)	Address (include City, State, Zip)



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Child's First Name: <input style="width: 90%;" type="text"/>	Child's Last Name: <input style="width: 90%;" type="text"/>
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Parent/Guardian 1	Parent/Guardian 2
Phone <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Phone <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	Alternate Phone <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
Email	Email
Were you under age 18 when this child was born? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Were you under age 18 when this child was born? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
What language(s) do you speak?	What language(s) do you speak?

	Parent/Guardian 1	Parent/Guardian 2
Do you need an English interpreter?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you or any members of your family have ADA or other accessibility needs we can support?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
You are (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"/> Hispanic/Latino <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Decline to Report <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"/> Hispanic/Latino <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Decline to Report <input type="checkbox"/> Not listed above:



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Child's First Name:

Child's Last Name:

	Parent/Guardian 1	Parent/Guardian 2
What is the highest level of education you completed?	<input type="checkbox"/> 6 th grade or less <input type="checkbox"/> 7 th to 12 th grade, no diploma and no GED <input type="checkbox"/> High school diploma <input type="checkbox"/> GED <input type="checkbox"/> Some college/advanced training <input type="checkbox"/> 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 th grade or less <input type="checkbox"/> 7 th to 12 th 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"/> 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
Are you currently employed?	<input type="checkbox"/> Yes – How many hours per week (including travel)? Employer: <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: <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: <input type="checkbox"/> No	<input type="checkbox"/> Yes – How many hours per week (including class time, study time, travel)? School: <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 you 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



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Child's First Name:

Child's Last Name:

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: <ul style="list-style-type: none"><input type="checkbox"/> Unable to engage in work/school/family life<input type="checkbox"/> Somewhat able to engage in work/school/ family life<input type="checkbox"/> Mostly 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 <ul style="list-style-type: none"><input type="checkbox"/> Child's parent/guardian has concern for getting or keeping a job<input type="checkbox"/> Family has legal concerns<input type="checkbox"/> Child has a family member who attended Indian Boarding School<input type="checkbox"/> Child's parent/guardian is a migrant or seasonal worker with more than half of family income coming from agricultural work<input type="checkbox"/> Parent and child moved to engage in traditional cultural practices or employment (seasonal or temporary in agriculture or fishing) | <input type="checkbox"/> Child's parent/guardian is/has been incarcerated during child's lifetime <ul style="list-style-type: none"><input type="checkbox"/> Loss of a parent (death, abandonment)<input type="checkbox"/> Child's parents/guardians divorced or separated during child's life<input type="checkbox"/> Family was previously homeless (in the last 12 months)<input type="checkbox"/> Family has concerns with housing<input type="checkbox"/> None |
|--|--|---|

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"/> Own | <input type="checkbox"/> Temporary Military Housing |
| <input type="checkbox"/> Rent | <input type="checkbox"/> In someone else's house or apartment with another family (select one option below): <ul style="list-style-type: none">➤ <input type="checkbox"/> By choice (e.g., to share responsibilities, to be close to family, etc.) |
| <input type="checkbox"/> In a motel | <input type="checkbox"/> Due to loss of housing, economic hardship, or similar reason |
| <input type="checkbox"/> In a shelter | <input type="checkbox"/> Transitional Housing |
| <input type="checkbox"/> A car, park, campsite, or similar location | <input type="checkbox"/> Moving from place to place/couch surfing |
| | <input type="checkbox"/> In a residence with inadequate facilities (no water, heat, electricity) |
| <input type="checkbox"/> Other – Please describe: | |



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Child's First Name: _____

Child's Last Name: _____

Family Income and Family Size

Does a parent/guardian in your household pay legally binding child support to another household? Yes No

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 Child-only TANF

Basic Food (SNAP/FAP) WorkFirst Working Connections Child Care subsidy WIC None

Were you referred to this program by an agency? No Yes - Name: _____

How did you find out about this program?

Please list all people living in this child's primary household

Name (First and Last)	Birthdate (month/day/year)	Relationship to child		
Applying Child:		Applying Child	Yes	Yes
			Are you the applying child's biological or adoptive parent?	If no, are you married to the parent/guardian of the applying child?
Parent/Guardian:		Parent/Guardian	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parent/Guardian:		Parent/Guardian	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional household members:			<input type="checkbox"/> Is this person financially supported by parent/guardian of child?	<input type="checkbox"/> Is this person related to parent/guardian of child 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



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Child's First Name:

Child's Last Name:

I promise that the information on this form is true and correct. I have authority to enroll this child and will report 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 these databases or shared with state or federal agencies. Information in these 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)

