Olympic Community Action Programs

Early Childhood Services

Thank you for your interest in enrolling your child in Head Start/Early Head Start/ECEAP.

In order to process your application we must have the following:

1. **Proof of Income for 12 months.** This can be the first page of your most recent tax return which shows your gross income, W-2 or most recent pay stub with Year-to-Date income, TANF or SSI letter, or letter from employer. If you do not have these, please contact us for more instruction.

2. **Proof of Birth.** A state or hospital birth certificate (copy) or other legal document such as a passport.

Please be sure to fully complete the **Special Considerations/Priority for Enrollment** section on the last page of the application that apply to your family. The program does not enroll on a first come, first served basis but is required to ensure those children and families with the greatest need get the first opportunity.

The application must have a **signature and date** on the last page.

It is important that we have a reliable way to contact you. Write clearly, include phone numbers and e-mail address. If you can only receive a text message please let us know.

For families of children with diagnosed special needs, please include a copy of their **Current IEP or IFSP.** This ensures they receive the appropriate placement on our wait lists for service.

Return the completed, signed application to:

Nicholas A Cookro/Family Service Coordinator
OlyCAP
228 W 1st Street Suite J
Port Angeles, WA 98362
(360) 452-4726 Ext. 6223
ncookro@olycap.org
2020-2021 ECEAP Prescreen & Application (Combined form)

Return to: OlyCAP/Early Childhood Services
228 W. 1st Street, Suite J
Port Angeles, WA 98362

<table>
<thead>
<tr>
<th>Legal First Name</th>
<th>Middle Name</th>
<th>Legal Last Name</th>
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<table>
<thead>
<tr>
<th>Child Date of Birth</th>
<th>Nick Name</th>
<th>Gender Identity</th>
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</table>

IEP - Is this child on an Individualized Education Program (IEP)?
☐ Yes  ☐ No

CPS - Is this child’s family actively involved in Child Protective Services (CPS), Family Assessment Response (FAR), or Indian Child Welfare (ICW), or law enforcement/court system regarding child abuse, neglect, or sexual assault?
☐ Yes  ☐ No

Foster Care - Is this child in official foster care? This means there is a caregiver authorization from a state or tribe that says this is a foster care placement.
☐ Yes  ☐ No

Kinship - Is this child in kinship care with a relative or suitable other, with or without a grant?
☐ Yes  ☐ No

Adopted after foster/kinship care - Was this child adopted after foster care, kinship care, or after living in an orphanage in another country (This does not include other adoptions)?
☐ Yes  ☐ No

Housing (select one):
☐ Rent or own an adequate residence
☐ Doubled-up with another family for convenience, choosing to be close to family or friends, or choosing to save money for future plans
☐ Doubled-up with another family due to loss of housing, economic hardship, or a similar reason
☐ In an emergency or transitional shelter
☐ Sleeping in a hotel, motel, car, park, campground, or similar location
☐ Moving from place to place (couch surfing)
☐ Inadequate housing such as no water, heat or electricity, excessive mold; or no cooking facilities

Language This child speaks (select only one):
☐ Only English
☐ Mostly English, and some of another home language
☐ Some English, but mostly another home language
☐ English and another language at age level (bilingual)
☐ Only a home language other than English

<table>
<thead>
<tr>
<th>Child’s first language</th>
<th>Child’s second language</th>
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</table>

Is this child Hispanic/Latino?  ☐ Yes  ☐ No

If yes, check all that apply:
☐ Argentinean
☐ Bolivian
☐ Chilean
☐ Colombian
☐ Costa Rican
☐ Cuban
☐ Dominican
☐ Ecuatorian (Ecuadorian)
☐ Guatemalan
☐ Honduran
☐ Mexican or Mexican-American (Chicano)
☐ Nicaraguan
☐ Panamanian
☐ Peruvian
☐ Puerto Rican
☐ Salvadoran
☐ Spanish
☐ Uruguayan
☐ Venezuelan
☐ Latin American
☐ Other Hispanic or Latino (describe)___

2020 – 2021 ECEAP PRE-SCREEN AND APPLICATION COMBINED FORM
DCYF 05-006 (Created 3/2020)
What race(s) do you consider this child?  (Check all that apply)

☐ White

☐ Black or African American

☐ Alaska Native
  ☐ Aleut (Unangan)
  ☐ Alutiiq
  ☐ Athabaskan
  ☐ Eskimo (Inupiaq or Yupik)
  ☐ Eyak
  ☐ Haida
  ☐ Tingit
  ☐ Tsimshian
  ☐ Other Alaska Native
    (describe)_____

☐ American Indian
  ☐ Chehalis
  ☐ Chinook
  ☐ Colville
  ☐ Cowlitz
  ☐ Duwamish
  ☐ Hoh
  ☐ Jamestown
  ☐ Kalispel
  ☐ Kiksialus
  ☐ Lower Elwha
  ☐ Lummi
  ☐ Makah
  ☐ Muckleshoot
  ☐ Nisqually
  ☐ Nooksack
  ☐ Port Gamble Kiallum
  ☐ Puyallup
  ☐ Quileute

☐ Asian
  ☐ Asian Indian
  ☐ Bangladeshi
  ☐ Bhutanese
  ☐ Burmese
  ☐ Cambodian/Kampuchean
  ☐ Chinese
  ☐ Filipino
  ☐ Hmong
  ☐ Indonesian
  ☐ Japanese
  ☐ Korean
  ☐ Laotian
  ☐ Madagascar
  ☐ Malay

☐ Native Hawaiian or Other Pacific Islander
  ☐ Fijian
  ☐ Guamanian
  ☐ Kosraean
  ☐ Mariana Islander
  ☐ Marshall Islander
  ☐ Melanesian
  ☐ Micronesia
  ☐ Native Hawaiian
  ☐ Palauan
  ☐ Papua New Guinean
  ☐ Pohnpeian (Pohnpeian)
  ☐ Samoan
  ☐ Solomon Islander
  ☐ Tahitian
  ☐ Tarawa Islander
  ☐ Tokelauan
  ☐ Tongan
  ☐ Trukese (Chuukese)
  ☐ Vanuatu/New Hebrides
  ☐ Yapese
  ☐ Other Pacific
    Islander(describe)_____
1. Household Members

Please list everyone living in the household who may be counted in family size. or families temporarily living with relatives or others, do not list the hosts.

For families with two households when there is joint custody with no primary parent and no child support

- Enter the household members for both households in the graph below.
- Mark members of the second household.
- Then, answer the questions about financial support and relationships.

Staff will use this information to calculate family size to determine federal poverty level.

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Birthdate</th>
<th>Relationship to ECEAP Child</th>
<th>Does the ECEAP child's parent or guardian financially support this person? * See note below for people age 19 or older.</th>
<th>Is this person related to the ECEAP child's parent/guardian by blood, marriage, or adoption?</th>
</tr>
</thead>
<tbody>
<tr>
<td>ECEAP Child:</td>
<td></td>
<td></td>
<td>ECEAP Child</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Parent/guardian:</td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Parent/guardian:</td>
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<td>Yes</td>
<td>Yes</td>
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<td>...</td>
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</tr>
</tbody>
</table>

*Answer No for a person age 19 or older who has earned or unearned income that covers more than half of their expenses. Answer Yes if the ECEAP child’s parents pay more than half of their expenses.

For staff use only:

Family size for FPL chart ______

For children in foster care, kinship, or adopted after foster or kinship care, count family size as 1.

For all others, count people with Yes for both questions above.
Family Contact Information

Do you need an interpreter to communicate with English speakers?  □ Yes  □ No

If yes, what language(s) do you speak?  

<table>
<thead>
<tr>
<th>Physical Address</th>
<th>Apt Number</th>
<th>City</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<table>
<thead>
<tr>
<th>ZIP</th>
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<table>
<thead>
<tr>
<th>Mailing Address</th>
<th>City</th>
<th>State</th>
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<table>
<thead>
<tr>
<th>Email</th>
<th>Phone</th>
<th>Alternate Phone</th>
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</table>

2. Child lives with:

□ One parent/guardian (Name)_________________________Skip to section 3.

□ Two parents/guardians in same household (Names)_________________________Skip to section 3.

□ Two parents/guardians in two households

If this is checked, answer these questions to determine which parents’ income is counted for ECEAP eligibility.

Does one household have primary legal custody?  □ Yes  □ No

If yes, which parent has primary custody?  

Spouse of this parent, if any:  

□ Yes  □ No

If no, does one parent receive child support payments from the other household?  □ Yes  □ No

If yes, which parent receives the child support payments?  

Spouse of this parent, if any:  

Skip to section 3.

If no, ECEAP will count the income from the legal parent/guardian for each household. Do not include their spouses. Enter the legal parents’ names here:

Household 1 ______ Household 2 ______

Contact Household 1

<table>
<thead>
<tr>
<th>Mailing Address</th>
<th>City</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Physical Address</th>
<th>City</th>
<th>State</th>
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<tr>
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<table>
<thead>
<tr>
<th>Email</th>
<th>Phone</th>
<th>Alternate Phone</th>
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<tr>
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</table>

Contact Household 2

<table>
<thead>
<tr>
<th>Mailing Address</th>
<th>City</th>
<th>State</th>
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<tbody>
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</table>

<table>
<thead>
<tr>
<th>Physical Address</th>
<th>City</th>
<th>State</th>
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</table>

<table>
<thead>
<tr>
<th>Email</th>
<th>Phone</th>
<th>Alternate Phone</th>
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</tbody>
</table>
3. Parent Employment, Training, and Other Activities

Answer the following questions for each parent/guardian listed in question #2.

Do not count the same hours in more than one category. For example:

- Do not count the same hours of the week in both employment and WorkFirst.
- Do not count the same CPS child care hours separately for two parents.

<table>
<thead>
<tr>
<th>Employed?</th>
<th>Parent/Guardian #1</th>
<th>Parent/Guardian #2</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. If yes, average paid hours per week</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>b. If yes, enter employer name (don’t enter unknown or N/A)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. If yes, enter employer phone number or email</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In school or job training?</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>a. If yes, class hours per week</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. If yes, study hours per week (maximum 10)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. If yes, enter name of school or training organization.</td>
<td></td>
<td></td>
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<tr>
<td>d. If yes, enter goal or major.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Travel between child care and work/school?</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>a. If yes, hours per week (maximum 10)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CPS/FAR/ICW child care hours not counted above?</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>a. Additional hours per week of child care approved by CPS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Approved WorkFirst hours not counted above?</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>a. If yes, name of activity.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. If yes, total hours per week</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disabled parent unable to work and unable to care for the child while the other parent works?</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>If either parent has more than 55 hours total per week, explain:</td>
<td></td>
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</tbody>
</table>

4. How did you find out about ECEAP?

☐ DCYF website ☐ Community event ☐ Flyer ☐ ECEAP employee ☐ Word of mouth

☐ Caseworker ☐ Media ☐ Community agency - Name of agency:______

☐ Other - Describe other:______

5. Survey for statewide planning

If you could choose the length of day for your child’s preschool, which is best for your child and family? *Please note, these options may not all be available in your community this year.*

☐ Part Day – about three hours, three or four days a week.

☐ School Day – about six hours, four or five days a week.

☐ Working Day – available all day, all year, like a child care center.

6. Household Situation

Does your household receive subsidized housing, such as a housing voucher or cash assistance for housing? ☐ Yes ☐ No

Does your household currently receive a Working Connections child care subsidy for this child? ☐ Yes ☐ No
7. Income Received by Child’s Parent(s) or Guardian(s)

For children in foster care, kinship care, or adopted after foster or kinship care, fill in this box and skip to Section 8
Monthly grant or payment for foster care, kinship care, or adoption support $_____
# of children covered by this grant or payment ______
Case # or Client ID#, if any: _____ Payment source (circle): DSHS  SSI  Tribe  Other

Did you receive income during the last calendar year or during the previous 12 months?  
☐ Yes  ☐ No

If no, provide the reason there is no income and explain how basic needs are met: ____________________________

Enter all family income for one year in the chart below.
Select either:  ☐ Previous calendar year  ☐ Previous 12 months

<table>
<thead>
<tr>
<th>Person(s) with Income</th>
<th>Type</th>
<th>Weekly Amount</th>
<th># of Weeks Received</th>
<th>Monthly Amount</th>
<th># of Months Received</th>
<th>Annual Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>W-2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>W-2</td>
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<tr>
<td>Tax return (1040) or IRS transcript</td>
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<td>Tax return (1040) or IRS transcript</td>
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<tr>
<td>Pay stubs for 12 months</td>
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<tr>
<td>Pay stubs for 12 months</td>
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<tr>
<td>Child Support received, if required by a child support order</td>
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<td>Disability income, including SSI</td>
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<tr>
<td>Military Leave &amp; Earnings Statement (LES). Count all pay and allowances except BAH, BAS, FSH, and HFP/IP.</td>
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<tr>
<td>Self-employment net income</td>
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<tr>
<td>Social Security or other retirement benefits</td>
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<tr>
<td>TANF cash assistance</td>
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<tr>
<td>Child-only TANF or foster care grant for non-ECEAP child</td>
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<td></td>
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<tr>
<td>Unemployment</td>
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<td>Workers Compensation (L&amp;I)</td>
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<td>Tribal income (taxable)</td>
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<tr>
<td>Other income not classified above</td>
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<tr>
<td>Subtract</td>
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<tr>
<td>Child support paid to another household, if required by a legally-binding child support order</td>
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</tbody>
</table>

Do you still receive the income above?  ☐ Yes  ☐ No  If yes, skip to Section 8.
If no, and your circumstances have recently changed, please explain:
☐ Loss of wage earner  ☐ Divorce or separation  ☐ Unplanned job loss  ☐ Reduced work hours
☐ Health/Injury  ☐ Loss of benefits  ☐ Similar unexpected circumstance (explain) _________
What is your monthly income? $ _________ For which month? _________
8. Previous Enrollment

This child was previously enrolled in:

☐ Head Start at your agency
☐ Head Start with a different agency
☐ Migrant/Seasonal Head Start anywhere in Washington
☐ Early Head Start
   Name of EHS Grantee _________________________
☐ Any birth-to-three home visiting program and Toddler

☐ ESIT - Early Support for Infants
   Name of ESIT Provider _________________________

☐ Part C IDEA Early Intervention program in another state
   Name of state and provider _________________________

9. IEP or Suspected Delay

☐ This child has an Individualized Education Program (IEP).
☐ This child has a diagnosed developmental delay or disability with no IEP.
☐ This child completed a developmental screening that recommended referral for further evaluation.
☐ This child has a suspected developmental delay or disability. (No IEP, diagnosis, or screening, or completed developmental screening with result, “rescreen needed”. ) Please Describe

If this child has an IEP check all categories of the IEP. If not, skip to section 10.

☐ Autism
☐ Intellectual disability
☐ Specific learning disability
☐ Deaf-blindness
☐ Multiple disabilities
☐ Speech or 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 this child’s IEP? __________

This child will receive IEP services:

☐ Within the ECEAP classroom only
☐ During ECEAP hours only, but outside the ECEAP classroom
☐ Outside ECEAP hours

10. Has this child been expelled from any early learning program or child care due to behavior?

☐ Yes  ☐ No

ECEAP serves children with behavior issues. Checking yes will not exclude your child.
11. Additional Questions

*We use this information to choose the children who most need ECEAP. All responses will be kept confidential.*

Does this child have a household family member who has a chronic physical or mental health condition that:

- Severely impacts their ability to engage in work, school, or family life? [ ] Yes [ ] No
- Moderately impacts their ability to engage in work, school, or family life? [ ] Yes [ ] No

Does this child have a parent who was under age 18 when this child was born? [ ] Yes [ ] No

Does this child have a parent who is a migrant or seasonal agricultural worker? (51% or more of family income from agricultural work) [ ] Yes [ ] No

Does this child have a parent currently on active duty in the U.S. Military? [ ] Yes [ ] No

Does this child have a parent currently a member of a National Guard unit or a Military Reserve unit? [ ] Yes [ ] No

Does this child have a military parent deployed currently, or within the past 12 months, or for a total of 19 or more months within the child’s lifetime? [ ] Yes [ ] No

Does this child have a parent who is incarcerated in jail, prison or a detention center? [ ] Yes [ ] No

Has this child experienced the loss of a parent, such as by death, abandonment, or deportation? [ ] Yes [ ] No

Has this child experienced the divorce or separation of their parents? [ ] Yes [ ] No

Has this child experienced homelessness within the last 12 months? [ ] Yes [ ] No

Has this child lived in a household with domestic violence, including in-utero? [ ] Yes [ ] No

Has this child lived in a household with substance abuse, including in-utero? [ ] Yes [ ] No

Has this family received CPS/FAR/ICW services or been involved with law enforcement/court system regarding child abuse, neglect, or sexual assault in the past?? [ ] Yes [ ] No

Has this child been reunited with parents after foster or kinship care in the past 12 months? [ ] Yes [ ] No

ECEAP received a professional referral for this family.

If yes, which agency made the referral?

----------

12. Parent Education Level: Check all that apply (V)

<table>
<thead>
<tr>
<th>Highest level of education</th>
<th>Parent/Guardian 1</th>
<th>Parent/Guardian 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>6th grade or less</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7th to 12th grade, no diploma or GED</td>
<td></td>
<td></td>
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<tr>
<td>High school diploma or GED</td>
<td></td>
<td></td>
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<tr>
<td>Some college</td>
<td></td>
<td></td>
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<tr>
<td>Professional certificate (includes vocational schools)</td>
<td></td>
<td></td>
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<tr>
<td>Associate degree</td>
<td></td>
<td></td>
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<tr>
<td>Bachelor's degree</td>
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<tr>
<td>Master's degree or doctorate</td>
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13. Health Information *Please attach a copy of the child's immunization record*

Does this child have a chronic physical or mental health condition that:
Severely impacts child development or attendance?  □ Yes  □ No
Moderately impacts child development or attendance? □ Yes  □ No
If yes, please describe _____

Was this child born preterm (less than 37 weeks), or weigh less than 5.5 pounds at birth? □ Yes  □ No  □ Unknown

Does this child have medical insurance or coverage? □ Yes  □ No  □ Unknown
  □ Washington Apple Health for Kids/ Provider One Services Card
  □ Military Coverage  □ Private Medical Insurance
  □ Tribal Coverage

Does this child have a regular doctor or medical clinic?
  Name of clinic or provider _____
  Phone (optional) _____
  Name of medical professional _____

Did this child have a well-child exam within the last 12 months?
□ Yes  □ No  □ Unknown
Date of last well-child exam before applying for ECEAP ____

Does this child have dental insurance or coverage? □ Yes  □ No  □ Unknown
  □ Washington Apple Health for Kids/ Provider One Services Card
  □ Military Dental Coverage  □ Private Dental Insurance
  □ ABCD (not available in all counties)  □ Tribal Coverage

Does this child have a regular dentist or dental clinic?
  Name of clinic or provider _____
  Phone (optional) _____
  Name of dental professional _____

Did this child have a dental screening within the last 6 months?
□ Yes  □ No  □ Unknown
Date of last dental screening before applying for ECEAP ____
□ Date Unknown
Signature of Parent/Guardian
I promise that the information on this form is true and correct. I have reported all my income and family size, as required by ECEAP. If I knowingly provide false information, I understand my family may be unable to continue ECEAP services. Additionally, I may have to repay the amount spent on my child’s ECEAP.
I understand that information from this application is entered in the Early Learning Management System (ELMS) operated by the Department of Children, Youth, and Families (DCYF). DCYF is committed to protecting confidential and personal information that could identify a child or family. No information related to immigration status is entered into ELMS or shared with state or federal agencies. Information in ELMS may be used for:
- Research studies to determine if participating in ECEAP 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.

Print name ____________________________
Signature ____________________________ Date _____

Print name ____________________________
Signature ____________________________ Date _____

Signature of ECEAP Staff Member who verified eligibility
I certify that, to the best of my knowledge, the information on this form is true and correct. I viewed and verified documentation establishing this child’s eligibility for ECEAP. I understand that ECEAP Performance Standards require that I notify the Department of Children, Youth, and Families if I suspect any fraudulent use of ECEAP funds including, but not limited to, an employee intentionally entering deceptive or false information into ELMS regarding:
- Child eligibility criteria.
- Children’s actual start dates and last days in class.
- Class start or end dates.
- Services that were not actually provided.
- A family providing false information in order to enroll in ECEAP.

Print name ____________________________
Signature ____________________________ Date _____