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

Washington State Department of CHILDREN, YOUTH & FAMILIES

2020-2021 ECEAP Prescreen & Application (Combined form)

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

Legal First Name		Middle Name		Legal Last Name	
Child Date of Birth		Nick Name		Gender Identity	

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, campsite, 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

Child's first language	Child's second language

Is this child Hispanic/Latino? ☐ Yes ☐ No

If yes, check all that apply:

- ☐ Argentinian
- ☐ 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)_____

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
- ☐ Tlingit
- ☐ Tsimshian
- ☐ Other Alaska Native (describe)_____

☐ **American Indian**
- ☐ Chehalis
- ☐ Chinook
- ☐ Colville
- ☐ Cowlitz
- ☐ Duwamish
- ☐ Hoh
- ☐ Jamestown
- ☐ Kalispel
- ☐ Kikiallus
- ☐ Lower Elwha
- ☐ Lummi
- ☐ Makah
- ☐ Muckleshoot
- ☐ Nisqually
- ☐ Nooksack
- ☐ Port Gamble Klallam
- ☐ Puyallup
- ☐ Quileute
- ☐ Quinault
- ☐ Samish
- ☐ Sauk-Suiattle
- ☐ Shoalwater
- ☐ Skokomish
- ☐ Snohomish
- ☐ Snoqualmie
- ☐ Snoqualmoo
- ☐ Spokane
- ☐ Squaxin Island
- ☐ Steilacoom
- ☐ Stillaguamish
- ☐ Suquamish
- ☐ Swinomish
- ☐ Tulalip
- ☐ Upper Skagit
- ☐ Yakama
- ☐ Other American Indian (describe)_____

☐ **Asian**
- ☐ Asian Indian
- ☐ Bangladeshi
- ☐ Bhutanese
- ☐ Burmese
- ☐ Cambodian/ Kampuchean
- ☐ Chinese
- ☐ Filipino
- ☐ Hmong
- ☐ Indonesian
- ☐ Japanese
- ☐ Korean
- ☐ Laotian
- ☐ Madagascar
- ☐ Malayan
- ☐ Maldivian
- ☐ Mongolian
- ☐ Nepali
- ☐ Pakistani
- ☐ Singaporean
- ☐ Sri Lankan
- ☐ Taiwanese
- ☐ Thai
- ☐ Vietnamese
- ☐ Other Asian (describe)_____

☐ **Native Hawaiian or Other Pacific Islander**
- ☐ Fijian
- ☐ Guamanian
- ☐ Kosraean
- ☐ Mariana Islander
- ☐ Marshall Islander
- ☐ Melanesian
- ☐ Micronesian
- ☐ Native Hawaiian
- ☐ Palauan
- ☐ Papua New Guinean
- ☐ Ponapean (Pohnpeian)
- ☐ Samoan
- ☐ Solomon Islander
- ☐ Tahitian
- ☐ Tarawa Islander
- ☐ Tokelauan
- ☐ Tongan
- ☐ Trukese (Chuukese)
- ☐ Vanuatuan/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.

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

**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? _____

Physical Address _____ Apt Number _____ City _____ State _____
ZIP _____

Mailing Address _____ City _____ State _____
Email _____ Phone _____ Alternate Phone _____

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: _____ ***Skip to section 3.***

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

Mailing Address _____ City _____ State _____
Physical Address _____ City _____ State _____
Email _____ Phone _____ Alternate Phone _____

Contact Household 2

Mailing Address _____ City _____ State _____
Physical Address _____ City _____ State _____
Email _____ Phone _____ Alternate Phone _____

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.

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

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

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

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 andToddler
- ☐ 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
- ☐ Deaf-blindness
- ☐ Developmental delay
- ☐ Emotional disturbance
- ☐ Hearing impairment
- ☐ Intellectual disability
- ☐ Multiple disabilities
- ☐ Orthopedic impairment
- ☐ Other health impairment
- ☐ Specific learning disability
- ☐ Speech or language impairment
- ☐ Traumatic brain injury
- ☐ Visual 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. ☐ Yes ☐ No

If yes, which agency made the referral? _____

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

Highest level of education	Parent/Guardian 1 Name_____	Parent/Guardian 2 Name_____
6th grade or less		
7th to 12th grade, no diploma or GED		
High school diploma or GED		
Some college		
Professional certificate (includes vocational schools)		
Associate degree		
Bachelor's degree		
Master's degree or doctorate		

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? ☐ Yes ☐ No ☐ Unknown

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 _____ ☐ Date Unknown

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? ☐ Yes ☐ No ☐ Unknown

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* _____