Early Childhood Education & Assistance Program
Washington State Department of Early Learning

ECEAP Prescreen, Application & Verifications

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Application Date: ___/___/_____

1. Child Information

Child's birth date ___/___/_____

Legal First Name _____ Middle Name _____ Legal Last Name _____

Gender: M ☐ F ☐

What name do you prefer we call your child in ECEAP (nickname)? _____

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

If no, do you have any concerns about this child's development? Yes ☐ No ☐

Is this child in foster care? Yes ☐ No ☐

Is this child homeless (does not have a fixed, regular, and adequate nighttime residence)? Yes ☐ No ☐

If yes, does this homeless child live with a parent or legal guardian? Yes ☐ No ☐

Do you receive a child-only TANF cash grant (DSHS kinship care grant) for this child? Yes ☐ No ☐

Child's first language _____ Child's second language _____

Is this child Hispanic/Latino? Yes ☐ No ☐

This question is about ethnicity, not race. Please also enter the child's race.

Child's race (may choose more than one):

☐ Black or African American ☐ White ☐ American Indian or Alaska Native

☐ Asian ☐ Native Hawaiian or Pacific Islander ☐ Biracial/Multiracial

☐ Other-Describe:_____ ☐ Unspecified

For staff use only

Name of ECEAP staff viewing documents and verifying eligibility:

_____

Child birth date verified by viewing:

- ☐ Adoption papers
- ☐ Birth certificate
- ☐ Foster care authorization letter
- ☐ Government document with birth date
- ☐ IEP
- ☐ Immunization record
- ☐ Medical card (DSHS, military)
- ☐ Medical record of birth/hospital record
- ☐ Passport
- ☐ TANF award letter
- ☐ Other _____

2. Parent/Guardian Contact Information

First Name _____ Last Name _____ Gender: M ☐ F ☐

Relationship to Child: ☐ Parent (biological or adoptive) ☐ Step Parent ☐ Foster Parent ☐ Grandparent
☐ Other Relative ☐ Other Legal Guardian ☐ Other (specify) _____

Street Address _____ City _____ Zip _____

Mailing address (if different) _____ City _____ Zip _____

County _____ School District _____

Email _____

Phone _____ Alternate Phone _____

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

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

Additional Parents/Guardians: *If address and phone numbers are different, please write below.*

First Name _____ Last Name _____

First Name _____ Last Name _____

First Name _____ Last Name _____

3. Child lives with:

☐ One parent/guardian Name _____

☐ Two parents/guardians in same household Names _____

☐ Two parents/guardians in two households – *If this is checked, complete 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 parent with primary custody, if any: _____ ***Skip to section 4.***

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 parent with primary custody, if any: _____ ***Skip to section 4.***

If no, name the legal parent/guardian that shares custody for each household. Do not include their spouses. For this family situation only, see * in question 4 below.

(Household 1) _____ (Household 2) _____

Authority to enroll verified by viewing:

- ☐ Adoption papers
- ☐ Benefits letter showing guardian receives benefit on behalf of the child
- ☐ Birth certificate
- ☐ Court order, custody order
- ☐ Foster care record
- ☐ Guardian's income tax return listing child
- ☐ Insurance documents stating relationship
- ☐ Legal will, describing the relationship
- ☐ Letter from social worker, school personnel, lawyer, religious leader, or mental health professional
- ☐ Records from DSHS that show guardian as contact for the child
- ☐ Records from school, hospital, clinic, other public health, or social service agency
- ☐ Written agreement signed and dated by parent and person assuming custodial responsibility
- ☐ Other _____

4. Family Size – *This is used to determine family's federal poverty level, and may be different than the number of people in the house.*

**If parents from two households are named in the question just above, include family members and income from both households. Divide final answer by 2.*

a. In addition to the ECEAP child, and the parent(s) named in question 3, how may additional children and adults live in the same household(s) with this child? _____

b. Of the number just entered, how many people are contributing income to or supported by the income received by the parents named in question 3 above? If there is $0 income for the household, enter the number from box 4a. _____

c. Of the number just entered, how many people are related to the parent(s) named in question 3 by blood, marriage, or adoption? _____ *This, plus the ECEAP child and parent(s) named in question, is the "family size" for federal poverty level purposes.*

ECEAP Child = 1 Parents/Guardians = _____ Other Household Members = _____ Total = _____

Family size verified by viewing:

- ☐ Benefits letter (TANF, SSI, etc.)
- ☐ Foster care grant (for child-only application)
- ☐ Tax records from previous year (1040)
- ☐ Other _____

How did you find out about ECEAP? ☐ DEL Website ☐ Community Event ☐ Flyer ☐ ECEAP Employee ☐ Word of Mouth ☐ Case Worker ☐ Community Agency ☐ Media ☐ Other

5. Family Info: Other Household Members *(Optional)*

First Name	Last Name	Gender	Relationship to Child	Birth Date

If this child is homeless and living with someone other than a parent or guardian, skip to section 7.

6. Income Received by Child's Parent(s) or Guardian(s)

If this child is in foster care or covered by a child-only TANF grant (kinship care) fill in this information, then skip to section 7.	**Staff verified income by viewing:**
Monthly foster care grant for this child $_____ Foster care case number _____ Monthly child-only TANF grant amount $_____ # of children on grant ____ TANF Client ID number _____	_____ _____

- Did this family receive income during the last calendar year or during the previous 12 months? ☐ Yes ☐ No
- On the next page, enter all family income for one year in the chart below.
  - Select either: ☐ Previous calendar year ☐ Previous 12 months

Name of person(s) receiving income	Document Verified	Weekly amount	# of weeks received	Monthly amount	# of months received	Annual Amount	Verified (V)
	W-2					$	☐
	W-2					$	☐
	Tax Return					$	☐
	Tax Return					$	☐
	Pay stubs for 12 months					$	☐
	Social Security (OASI or SSDI)			$		$	☐
	Supplemental Security Income			$		$	☐
	Workers Compensation (L&I)	$				$	☐
	Other disability income			$		$	☐
	Other retirement income			$		$	☐
	Court order for Child Support received by this household			$		$	☐
	Unemployment Insurance	$				$	☐
	TANF cash assistance			$		$	☐
	Foster Care Grant for a non-ECEAP child			$		$	☐
	Net income from self-employment			$		$	☐
	Scholarships/grants/fellowships for living expenses					$	☐
	Military Leave & Earnings Statement (LES) Count all pay and allowances except BAH, BAS and HFP/IDP.					$	☐
	Other cash income:			$		$	☐
						$	**Subtotal**
Subtract	Court order for Child Support paid to another household			$		-$	☐
						$	**TOTAL**

Do you still receive the income above? ☐ Yes ☐ No *If yes, skip to section 7.*

If no, and your circumstances have recently changed, please explain:

☐ Divorce or separation ☐ Loss of job ☐ Loss of wage earner ☐ Loss of benefits

☐ Other (explain) _____

_____

What is your monthly income: $_____ For which month? _____

Staff verified monthly income by viewing:

_____

_____

Note: You must also verify annual income.

7. Previous Enrollment

Was this child previously enrolled in Head Start (for preschoolers)? ☐ Yes ☐ No If yes, where? _____

Was this child enrolled in Early Head Start or a birth-to-three home visiting program? ☐ Yes ☐ No

Did this child have a Family Resource Coordinator (ESIT program)? ☐ Yes ☐ No

Does this child have an Individualized Education Program (IEP)? ☐ Yes ☐ No

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

☐ 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

What school district issued this child's IEP? _____

Is a school district special education preschool available for this child? ☐ Yes ☐ No

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

Has this child been asked to leave a child care or preschool because of behavior issues? ☐ Yes ☐ No

8. Additional Questions

(Optional) *All responses will be kept confidential. We use this information to place the children who most need ECEAP. You may choose not to answer the questions below.*

Is this child an English language learner (speaks another language and is learning English)?	☐ Yes ☐ No
Has this child been homeless within the last 12 months?	☐ Yes ☐ No
Does this child have a parent who is developmentally or physically disabled?	☐ Yes ☐ No
Does this child have a parent who is currently or was recently in the military?	☐ Yes ☐ No
Does this child have a parent who is currently or was recently deployed to a combat zone?	☐ Yes ☐ No
Does this child have a parent who is incarcerated in jail, prison or a detention center?	☐ Yes ☐ No
Does this child have a parent experiencing mental health issues (including maternal depression)?	☐ 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 worker?	☐ Yes ☐ No
Does your family currently receive services from Child Protective Services (CPS)?	☐ Yes ☐ No
Has your family received services from Child Protective Services (CPS) in the past?	☐ Yes ☐ No
Has your family ever experienced domestic violence?	☐ Yes ☐ No
Has your family ever struggled with drugs or alcohol?	☐ Yes ☐ No
Do you have a support system outside of your family (people you can talk to and people who help you)?	☐ Yes ☐ No

9. Parent Information: Check (√) each parents' highest level of education, and if they are employed part time or full time. (√)

	6th grade or less	7th to 12th grade, no diploma or GED	High school diploma or GED	Some college	Associate degree	Bachelors degree	Masters degree or doctorate	Employed part-time	Employed full-time
Parent/Guardian #1 name _____	☐	☐	☐	☐	☐	☐	☐	☐	☐
Parent/Guardian #2 name _____	☐	☐	☐	☐	☐	☐	☐	☐	☐

10. Health Information

Does this child have a chronic health condition such as diabetes, asthma, seizures, etc? ☐ Yes ☐ No

If yes, please describe _____

Did this child weigh less than 5.5 pounds when they were born? ☐ Yes ☐ No ☐ Unknown

Does this child have medical insurance or coverage?

☐ DSHS Provider One Services Card ☐ Washington Basic Health ☐ Military Coverage

☐ Private Medical Insurance ☐ Tribal Coverage ☐ *No medical coverage*

Does this child have a regular doctor or medical clinic? ☐ Yes ☐ No ☐ Unknown

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

Name of Doctor or Provider _____

Does this child have dental insurance or coverage?

☐ DSHS Provider One Services Card ☐ Washington Basic Health ☐ Military Coverage

☐ Private Dental Insurance ☐ ABCD ☐ *No medical coverage*

Does this child have a regular dentist or dental clinic? ☐ Yes ☐ No ☐ Unknown

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

Name of Dentist or Provider _____

Immunization Status:

- ☐ Complete - child presented a signed Certificate of Immunization Status (CIS) form showing sufficient immunization dates to meet the schedule, or documented immunity.
- ☐ Exempt - child presented a signed Certificate of Exemption (COE) form certifying that the child is exempt for one or more vaccines for medical, personal/philosophical, or religious reasons.
- ☐ Conditional - child presented a signed CIS form that does not meet the requirements, but has proof of initiation or continuation of a schedule of immunizations AND is within the recommended interval for the next dose.
- ☐ Out of Compliance - child does not have a signed, completed CIS form.
- ☐ Out of Compliance - child is not exempt and has not received immunization required for their age.
- ☐ Child's signed Certificate of Immunization Status has not been evaluated.

Signature of Parent/Guardian

I certify that the information on this form is true and correct. I understand that this information may be reported to other state agencies or research firms. The Department of Early Learning keeps the identity of individual children and families confidential to the extent allowed by state and federal law.

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.

Signature _____ *Date* _____

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