

Please complete one application packet per child and attach the required documents.

Eligibility to our program is determined by child's age and family income, not by the date you apply.

Our programs can 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 info!

Required Documents

Please contact us if you need help to complete the application or if you do not have any of the required documents listed below.



Application: Fill out the application form using a black/blue pen or fill it out electronically.



Proof of Income: Attach a copy of your proof of family income.

Use any that apply:

- Last year's Income Tax Return
- Last year's W-2 Form
- Pay stubs from the last 12 months
- SSI/TANF benefits letters from the last 12 months
- Foster care grant
- Child support
- Employer letter stating your total gross income from the last 12 months



Proof of Family Size:

Attach a copy of proof of family size.

Use any of these:

- Last year's Income Tax Return
- Rental or housing document
- Benefits letter (TANF, SSI, etc.)
- School records
- Court or legal document

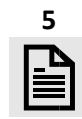


Proof of Child's Age:

Attach a copy of your child's proof of birth date.

Use any of these:

- Birth Certificate
- Passport/Visa
- Adoption Papers
- Foster Care Authorization Letter
- Current Immunization Record
- DOC residential parenting roster



Proof of Legal Guardianship:

Attach a copy of your proof of legal guardianship.

Use any of these:

- Birth Certificate
- Passport/Visa
- Adoption Papers
- Foster Care Record
- Written agreement signed and dated by parent and person assuming custodial responsibility

- Please make sure that your proof of income is included. We cannot process your application without this information.
- Please contact us if you receive other types of documents that are not listed above.
- It would be helpful to also include the following:
 - A copy of your child's current immunization record
 - Current IFSP/IEP, if applicable
 - Most recent well-child exam
 - Most recent dental exam

Return your completed application and documents to:

Address:

Phone number:

Email:

| | | |
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| Please select which program you are applying for and which site: | | |
| Program: <input type="checkbox"/> Early ECEAP (1-3 years old) <input type="checkbox"/> ECEAP (3-5 years old) | | |
| Site: <input type="checkbox"/> Auburn <input type="checkbox"/> Burien | | |

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|---|-----------------------------|-----------------|
| Child Information: | | |
| First Name: | Middle Initial: | Last Name: |
| Date of Birth (month/day/year): | | Preferred Name: |
| Gender: <input type="checkbox"/> M <input type="checkbox"/> F | Gender Identity (optional): | |
| What is your family's heritage/tribe/country of origin? | | |
| Is this child part of a tribe either by membership or by ancestry/lineage? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

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| What is this child's home language? | 2 nd language: |
| 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 |

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| The questions below are for information only. Answering "Yes" will not affect your eligibility or enrollment in the program. | |
| Is this child in official foster care or kinship care with a grant amount? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If yes, what is the Case Number or Client ID Number? | |
| What is the monthly grant/payment amount and source? \$ | <input type="checkbox"/> DSHS <input type="checkbox"/> SSI <input type="checkbox"/> Tribe <input type="checkbox"/> Other |
| # of children covered by grant amount: | |
| Is this child in kinship care without a grant amount? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Was this child adopted after foster care or kinship care or from an orphanage from another country? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Was this child recently reunited with their parent(s) after foster care or kinship care? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Has your family received services/support from CPS/FAR/ICW, comparable tribal services, or law enforcement/court system in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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| Is your family currently approved for childcare through CPS or FAR? |
| <input type="checkbox"/> Yes – How many approved hours per week? <input type="checkbox"/> No |
| Has this child ever been asked to leave an early learning program because of behavior challenges? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Early ECEAP and ECEAP serves children with challenging behaviors. Checking YES will not exclude your child. |

| |
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| Does this child have a current and active Individual Education Plan (IEP) or Individual Family Service Plan (IFSP)? |
| <input type="checkbox"/> Yes- Please provide copy with your application |
| <input type="checkbox"/> No- Check if any of these apply |
| <input type="checkbox"/> My child had an evaluation and was determined eligible for an IEP, but we declined services <input type="checkbox"/> My child has had an IFSP in the past but we did not transition to an IEP with the school district. <input type="checkbox"/> My child has a diagnosed developmental delay or disability with no IEP, or is being referred for evaluation. <input type="checkbox"/> My child has a suspected developmental delay or disability <input type="checkbox"/> I have concerns about my child's development. |

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| | | Child's First name: | Last name: |
| Is this child Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| <input type="checkbox"/> Argentinian <input type="checkbox"/> Bolivian <input type="checkbox"/> Chilean <input type="checkbox"/> Colombian <input type="checkbox"/> Costa Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Dominican <input type="checkbox"/> Ecuatorian (Ecuadorian) | <input type="checkbox"/> Guatemalan <input type="checkbox"/> Honduran <input type="checkbox"/> Mexican or Mexican-American (Chicano) <input type="checkbox"/> Nicaraguan <input type="checkbox"/> Panamanian <input type="checkbox"/> Peruvian | <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Salvadoran <input type="checkbox"/> Spanish <input type="checkbox"/> Uruguayan <input type="checkbox"/> Venezuelan <input type="checkbox"/> Latin American <input type="checkbox"/> Other Hispanic or Latino: | |
| What is this child's race? Check all that apply. | | | |
| <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Alaska Native <ul style="list-style-type: none"> <input type="checkbox"/> Aleut (Unangan) <input type="checkbox"/> Alutiiq <input type="checkbox"/> Athabaskan <input type="checkbox"/> Eskimo (Inupiaq or Yupik) <input type="checkbox"/> Eyak <input type="checkbox"/> Haida <input type="checkbox"/> Tlingit <input type="checkbox"/> Tsimshian <input type="checkbox"/> Other Alaska Native: <input type="checkbox"/> Asian <ul style="list-style-type: none"> <input type="checkbox"/> Asian Indian <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Bhutanese <input type="checkbox"/> Burmese <input type="checkbox"/> Cambodian/Kampuchean <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Hmong <input type="checkbox"/> Indonesian <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Madagascar <input type="checkbox"/> Malayan <input type="checkbox"/> Maldivian <input type="checkbox"/> Mongolian <input type="checkbox"/> Nepali <input type="checkbox"/> Pakistani <input type="checkbox"/> Singaporean <input type="checkbox"/> Sri Lankan <input type="checkbox"/> Taiwanese <input type="checkbox"/> Thai <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian: | <input type="checkbox"/> American Indian <ul style="list-style-type: none"> <input type="checkbox"/> Chehalis <input type="checkbox"/> Chinook <input type="checkbox"/> Colville <input type="checkbox"/> Cowlitz <input type="checkbox"/> Duwamish <input type="checkbox"/> Hoh <input type="checkbox"/> Jamestown <input type="checkbox"/> Kalispel <input type="checkbox"/> Kikiallus <input type="checkbox"/> Lower Elwha <input type="checkbox"/> Lummi <input type="checkbox"/> Makah <input type="checkbox"/> Muckleshoot <input type="checkbox"/> Nisqually <input type="checkbox"/> Nooksack <input type="checkbox"/> Port Gamble Klallam <input type="checkbox"/> Puyallup <input type="checkbox"/> Quileute <input type="checkbox"/> Quinault <input type="checkbox"/> Samish <input type="checkbox"/> Sauk-Suiattle <input type="checkbox"/> Shoalwater <input type="checkbox"/> Skokomish <input type="checkbox"/> Snohomish <input type="checkbox"/> Snoqualmie <input type="checkbox"/> Snoqualmoo <input type="checkbox"/> Spokane <input type="checkbox"/> Squaxin Island <input type="checkbox"/> Steilacoom <input type="checkbox"/> Stillaguamish <input type="checkbox"/> Suquamish <input type="checkbox"/> Swinomish <input type="checkbox"/> Tulalip <input type="checkbox"/> Upper Skagit <input type="checkbox"/> Yakama <input type="checkbox"/> Other American Indian: | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <ul style="list-style-type: none"> <input type="checkbox"/> Fijian <input type="checkbox"/> Guamanian <input type="checkbox"/> Kosraean <input type="checkbox"/> Mariana Islander <input type="checkbox"/> Marshall Islander <input type="checkbox"/> Melanesian <input type="checkbox"/> Micronesian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Palauan <input type="checkbox"/> Papua New Guinean <input type="checkbox"/> Ponapean (Pohnpeian) <input type="checkbox"/> Samoan <input type="checkbox"/> Solomon Islander <input type="checkbox"/> Tahitian <input type="checkbox"/> Tarawa Islander <input type="checkbox"/> Tokelauan <input type="checkbox"/> Tongan <input type="checkbox"/> Trukese (Chuukese) <input type="checkbox"/> Vanuatuan/New Hebrides <input type="checkbox"/> Yapese <input type="checkbox"/> Other Pacific Islander: | |
| | | <input type="checkbox"/> Decline to report child's ethnicity <input type="checkbox"/> Decline to report child's race | |

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| Child's First name: | Last name: |
|---------------------|------------|

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| Has this child been previously enrolled in these programs? Only check the most recent. | | |
| <input type="checkbox"/> None <input type="checkbox"/> Early Support for Infants and Toddlers (ESIT), IDEA Part C, ECLIPSE, or Birth-to-Three Early Intervention | <input type="checkbox"/> Head Start/Early Head Start/ECEAP/Early ECEAP in King or Pierce County, Washington State <input type="checkbox"/> Head Start/Early Head Start/ECEAP/Early ECEAP in another Washington State County | <input type="checkbox"/> Migrant/Seasonal Head Start anywhere in Washington State |
| When did this child last attend? | Name and location of program: | |
| Is this child currently enrolled in a community slot at this site? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Is this child a sibling of a child currently enrolled in the program you are applying to? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

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| Child Health Information: |
| Does this child have medical insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, what type? <input type="checkbox"/> Washington Apple Health/Provider One <input type="checkbox"/> Private Insurance <input type="checkbox"/> Tribal <input type="checkbox"/> Military Medical Coverage |
| Does this child have a regular doctor or medical clinic? |
| <input type="checkbox"/> Yes- Name of clinic/provider: _____ Name of medical professional: _____ |
| <input type="checkbox"/> No |
| Did this child have a well-child exam within the last 12 months? |
| <input type="checkbox"/> Yes- Date of last exam (month/day/year): _____ |
| <input type="checkbox"/> No <input type="checkbox"/> Date unknown |

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| Does this child have dental insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, what type? <input type="checkbox"/> Washington Apple Health/Provider One <input type="checkbox"/> Private Insurance <input type="checkbox"/> ABCD <input type="checkbox"/> Tribal <input type="checkbox"/> Military Medical Coverage |
| Does this child have a regular dentist or dental clinic? |
| <input type="checkbox"/> Yes- Name of clinic/provider: _____ Name of dental professional: _____ |
| <input type="checkbox"/> No |
| Did this child have a dental exam within the last 6 months? |
| <input type="checkbox"/> Yes- Date of last exam (month/day/year): _____ |
| <input type="checkbox"/> No <input type="checkbox"/> Date unknown |

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| What is your child's immunization status? <input type="checkbox"/> Fully immunized <input type="checkbox"/> Exempt <input type="checkbox"/> Not fully immunized or exempt <input type="checkbox"/> Not Sure |
|---|

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| 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)? |
| <input type="checkbox"/> Yes- please describe: _____ This health condition is considered: <input type="checkbox"/> Severe <input type="checkbox"/> Moderate <input type="checkbox"/> Mild |
| <input type="checkbox"/> No Has a Health Care Provider diagnosed this condition? <input type="checkbox"/> Yes <input type="checkbox"/> No |

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| Do you have concerns about this child's health? <input type="checkbox"/> Yes-check all that apply below <input type="checkbox"/> 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: _____ |

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| Child's First name: | Last name: |
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| Parent/Guardian Information |
|---|
| This child lives with: <input type="checkbox"/> One parent/guardian (complete parent/guardian 1) <input type="checkbox"/> Two parent/guardians in the same household (complete parent/guardian 1 & 2) <input type="checkbox"/> Two parent/guardians in two households (complete parent/guardian 1 & 2) |

| | Parent/Guardian 1 | Parent/Guardian 2 |
|---|---|---|
| Name | | |
| Relationship to child | <input type="checkbox"/> Biological/Adopted/Stepparent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Grandparent <input type="checkbox"/> Other | <input type="checkbox"/> Biological/Adopted/Stepparent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Grandparent <input type="checkbox"/> Other |
| Gender | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> M <input type="checkbox"/> F |
| Gender identity (optional) | | |
| Preferred Pronouns (optional) | | |
| Date of Birth (month/day/year) | | |
| Address (include City, State, Zip) | | |
| Phone | <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work | <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 | <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work |
| Email | | |
| Were you under 18 when this child was born? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| What language(s) do you speak? | | |
| Do you need an interpreter for this language? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you Hispanic/Latino? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| What is your race? 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"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <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"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Not listed above: |
| 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 or GED <input type="checkbox"/> High school diploma <input type="checkbox"/> GED <input type="checkbox"/> Some college/advanced training | <input type="checkbox"/> College/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"/> College/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 |

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| Child's First name: | Last name: |
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| | Parent/Guardian 1 | Parent/Guardian 2 |
|--|--|--|
| Are you currently employed? | <input type="checkbox"/> Yes- How many hours per week (including travel)? Employer name & phone #: | <input type="checkbox"/> Yes- How many hours per week (including travel)? Employer name & phone #: |
| | <input type="checkbox"/> No <input type="checkbox"/> No, retired or disabled <input type="checkbox"/> Seasonal | <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, and travel)? School name & major/goal: | <input type="checkbox"/> Yes- How many hours per week (including class time, study time, and travel)? School name & major/goal: |
| | <input type="checkbox"/> No | <input type="checkbox"/> No |
| Are you in a 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 |

| Family Concerns |
|--|
| <p>Please check areas of concern that you have for yourself/family in your household:</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%; padding-right: 10px;"> <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 </div> <div style="width: 33%; padding-right: 10px;"> <input type="checkbox"/> Child's parent/guardian has learning difficulties, no disability <input type="checkbox"/> Household domestic violence (past or current), including in utero <input type="checkbox"/> Household drug/alcohol issues or substance abuse (past or current), including in utero </div> <div style="width: 33%;"> <input type="checkbox"/> Family is socially isolated, with complete or near-complete lack of contact with others <input type="checkbox"/> Child's parent/guardian concerns 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 agricultural or fishing) </div> <div style="width: 33%;"> <input type="checkbox"/> Recent immigrant/refugee (past 5 years) <input type="checkbox"/> Child's parent/guardian is incarcerated <input type="checkbox"/> Loss of a parent (death, abandonment, or deportation) <input type="checkbox"/> Child's parents/guardians divorced or separated during child's life <input type="checkbox"/> Family previously homeless (in the last 12 months) <input type="checkbox"/> Family concerns with housing </div> </div> |

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| Child's First name: | Last name: |
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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"/> Rent | <input type="checkbox"/> Military-waiting for permanent housing <input type="checkbox"/> In someone else's house or apartment with another family (select 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"/> Due to loss of housing,, economic hardship, or similar reason |
| <input type="checkbox"/> In a motel <input type="checkbox"/> In a shelter <input type="checkbox"/> A car, campsite, or similar location | <input type="checkbox"/> Transitional housing <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: | |

Family Income and Family Size

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 SNAP

Check all that apply if your family receives the following:
 Child-only TANF WorkFirst Working Connections Child Care subsidy WIC

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

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

| Name (first and last) | Birthdate (month/day/year) | Relationship to child | Do you financially support this person? | Is this person related to you 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 |
| | | | <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 |

What is the total number of family members living in your home including yourself and this child?
 What is your total estimated household income for the last calendar year or the last 12 months?

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| Child's First name: | Last name: |
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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.

Caregiver/Guardian Signature: _____ Date: _____

Interpreter Signature: _____ Date: _____

| | |
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| Staff Only- if not signed, complete this section and obtain caregiver signature as soon as possible and no later than enrollment date. | |
| Reviewed and received verbal verification on (date): | Staff initials: |

| Childhaven Staff Only | | | |
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| Section 1: Staff who finalize and determine eligibility complete this section before placing child on waitlist | | | |
| Child's age: | Total Verified Family Size: | Total Verified Income: | Total Points: |
| Site name: | | Date received: | |
| Section 2: For McKinney-Vento Act children/families, check services the family received. Staff should provide resources within 24-48 hours. | | | |
| <input type="checkbox"/> Childcare resources <input type="checkbox"/> Clothing resources <input type="checkbox"/> School supplies <input type="checkbox"/> Medical/dental referral <input type="checkbox"/> Housing/shelter referral | <input type="checkbox"/> Immunization/medical records <input type="checkbox"/> Vision referral <input type="checkbox"/> Hygiene products/toiletries <input type="checkbox"/> Food resources <input type="checkbox"/> Birth certificate | <input type="checkbox"/> Medicaid/DSHS services- food stamps/TANF <input type="checkbox"/> College/vocational/technical resources <input type="checkbox"/> Transportation resources <input type="checkbox"/> Other: | |
| Staff Name & Signature: | | | Date: |