

# VOAWW/ECEAP Prescreen, Application & Verifications (Combined form)

Application Date: \_\_\_/\_\_\_/\_\_\_

**Need help filling out contact the program manager listed on the last page**

## 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's family currently receiving Child Protective Services (CPS)?  Yes  No

Is this child's family currently receiving Family Assessment Response (FAR) services?  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
- Child Profile
- Court documents
- Foster care authorization letter
- Government document with birth date
- IEP
- Immunization record
- Medical card or records
- Medical record of birth/hospital record
- Passport or visa
- Paternity affidavit
- School records
- 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 many additional children and adults live in the same household(s) with this child? \_\_\_\_\_
- b. Of the number just entered, how many people are 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.*

**Family size** verified by viewing:

- Benefits letter (TANF, SSI, etc.)
- Court or legal document
- 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	Age, if under 19	Birthdate, if under 5

## 6. Housing Assistance

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

Does this household currently receive a Working Connections child care subsidy for this child?  Yes  No

## 7-10. Parent Activities

Answer the following questions for each parent/guardian	Parent/Guardian #1 Name _____	Parent/Guardian #2 Name _____
<b>7. Is this parent/guardian employed?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, enter number of hours per week in paid work plus work-related travel.		
b. If yes, enter employer name and phone or email.		
<b>8. Is this parent/guardian enrolled and attending school or job training?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, enter the total number of hours per week when school is in session. Include class time, up to 10 hours of study time, and travel time.		
b. If yes, enter name of school or training organization.		
c. If yes, enter goal or major.		
<b>9. Is this parent/guardian in an approved WorkFirst activity other than employment, education or job training mentioned above?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, describe activity.		
b. If yes, enter number of hours per week in approved activity and related travel.		
<b>10. Is family approved for child care through Child Protective Services (CPS), including Family Assessment Response (FAR)?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, enter number of approved hours per week.		

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

<i>If this child is homeless and <u>not</u> living with a parent or guardian, skip to section 12.</i>	
<i>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.</i> Monthly foster care or SSI grant for this child \$ _____ Foster care or SSI case number _____ Monthly child-only TANF grant amount \$ _____ # of children on grant ____ TANF Client ID number _____	<b>Staff verified income by viewing:</b>  _____ _____

- 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 (1040)					\$	
	Tax Return (1040)					\$	
	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:			\$		\$	
						\$	<b>Subtotal</b>
<b>Subtract</b>	Court order for Child Support paid to another household			\$		-\$	
						\$	<b>TOTAL</b>

Do you still receive the income above?  Yes  No *If yes, skip to section 12.*

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

Divorce or separation  Loss of job  Job Changed

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.*

## 12. 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.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Autism                | <input type="checkbox"/> Intellectual disability | <input type="checkbox"/> Specific learning disability  |
| <input type="checkbox"/> Deaf-blindness        | <input type="checkbox"/> Multiple disabilities   | <input type="checkbox"/> Speech or language impairment |
| <input type="checkbox"/> Developmental delay   | <input type="checkbox"/> Orthopedic impairment   | <input type="checkbox"/> Traumatic brain injury        |
| <input type="checkbox"/> Emotional disturbance | <input type="checkbox"/> Other health impairment | <input type="checkbox"/> Visual impairment             |
| <input type="checkbox"/> Hearing impairment    |  |  |

What school district issued this child's IEP? \_\_\_\_\_

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

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

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

## 13. Additional Questions (Optional)

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

- 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
- Has your family received services from Child Protective Services (CPS) in the past?  Yes  No
- Has your family ever experienced domestic violence?  Yes  No
- Does your family struggle with substance abuse issues?  Yes  No
- Do you have a support system outside of your family (people you can talk to and people who help you)?  Yes  No

**14. Parent Education Level: Check (v) each parents' highest level of education. (v)**

	6 <sup>th</sup> grade or less	7 <sup>th</sup> to 12 <sup>th</sup> grade, no diploma or GED	High school diploma or GED	Some college	Associate degree	Bachelors degree	Masters degree or doctorate
Parent/Guardian #1 name _____							
Parent/Guardian #2 name _____							

**15. Health Information - Please attach a copy of the child's immunization record**

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

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

#### 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** - Out of Compliance - child is not complete/immune, not exempt, nor in conditional status.
- 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 \_\_\_\_\_



***Send completed form to your local VOAWW ECEAP PROGRAM:***

**VOAWW Trailside ECEAP Preschool**

1300 B 100th Pl SE, Everett, WA 98204

[\(425\) 355-5193](tel:(425)355-5193)

[Karrie Whitney](#), Program Manager

**VOAWW Sky Valley ECEAP Preschool**

701 1st St, Sultan, WA 98294

[\(425\) 212-2941](tel:(425)212-2941)

[Stephanie Shuey](#), Program Manager

**VOAWW Gold Bar ECEAP Preschool**

419 Lewis Ave, Gold Bar, WA 98251

[\(425\) 212-2941](tel:(425)212-2941)

[Stephanie Shuey](#), Program Manager

**VOAWW Early Learning Center at Crossroads High School**

205 N. Alder, Granite Falls, WA 98252

[\(360\) 707-7919](tel:(360)707-7919)

[Donna Horne](#), Program Manager



**WESTERN WASHINGTON**