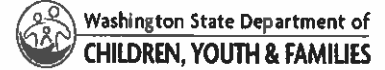




**2023 – 2024  
ECEAP PRESCHOOL APPLICATION.**



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

**Is this child a member of a tribal nation?  Yes  No**

**ECEAP AGE ELIGIBILITY**

- 3 years old – must have turned 3 by 8/31/2023.
- 4 years old – must have been born between 9/1/2018 and 8/31/2019.

**REQUIRED DOCUMENTS FOR APPLICATION (Please attach)**

- Copy of child's Birth Certificate
- 2022 Tax Return (1040 Form) and/or all 2022 W2's, or
- Legal guardianship/authority to enroll (If applicable).
- Other income verification (If applicable):
  - ° Child support payments, ° Unemployment benefits, ° Worker's compensations
  - ° TANF Grants, ° SSI, ° SSDI, ° Social Security.

**NOTE**  If your income has decreased, please submit 1 (one) complete month of recent pay stubs.

**PROOF OF FAMILY SIZE**

- ° Tax 1040 form, ° DSHS paperwork, ° Housing document or signed and dated application.
- ° Foster care placement form, with case number and monthly grant amount (If applicable).

**REQUIRED DOCUMENTS FOR ENROLLMENT**

- Certificate of immunization status (CIS) form.
- Copy of current Well Child Check "Within last 12 months."
- Copy of IEP "if applicable."

To complete the application process, we need to view verification documents to determine eligibility, priority, and program options. Your child's application cannot be processed until all documents are received. For questions, please call the number on the attached business card or 509-544-5704.

Please circle your city of interest

**BURBANK – BENTON CITY CARRUSEL – CONNELL – COLLEGE PLACE – FINLEY – MESA  
MOSES LAKE – OTHELLO – PASCO – PRESCOTT – PROSSER – TOUCHET – WALLA WALLA**

**Pasco only: site preference (list 1, 2, 3) / Solo en Pasco: preferencia de centro (liste 1, 2, 3)**

<b>Early Learning Center: 1315 N 7<sup>th</sup> Ave. Pasco</b>	<b>* AM 9:30 to 12:10 / PM 1:00 to 3:40</b>
<b>Lakeview: 1751 S Road 40 E. Pasco</b>	<b>* From 8:00 am to 3:00 pm</b>
<b>Rosalind Franklin Elementary: 6010 Road 52 Pasco</b>	<b>* From 8:00 am to 3:00 pm</b>
<b>Virgie Robinson Elementary: 125 S Wehe Ave. Building B Pasco</b>	<b>* From 8:15 am to 3:15 pm</b>
<b>Whittier Elementary: 616 N Wehe Ave. Pasco</b>	<b>* From 8:00 am to 3:15 pm</b>

\* HOURS SUBJECT TO CHANGE





# ECEAP Prescreen & Application (Combined form)

Return to: For a return address and/or questions please call (509) 544-5704

Completing this application expresses your interest in the ECEAP program and **does not** guarantee enrollment.

You will be contacted by an ECEAP staff member to verify and confirm eligibility, best placement, and enrollment possibilities when space is available.

School Year Applying for: 2023-24

## Child Information

Child's legal name: \_\_\_\_\_  
First Name Middle Name Last Name

Child's Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Gender Identity: \_\_\_\_\_

Child's nickname (if any): \_\_\_\_\_

		Yes	No
<b>Tribal Membership</b>	Is this child a member of a tribal nation?		
<b>IEP</b>	Is this child on an Individualized Education Program (IEP)?		
<b>CPS/FAR/ICW</b>	Is this child's family actively involved in and/or receiving support from Tribal or State Systems, including Child Protective Services (CPS), Family Assessment Response (FAR), Indian Child Welfare (ICW), comparable tribal service or Law Enforcement/court system regarding child abuse, neglect, or sexual assault?		
<b>Foster Care</b>	Is this child in official foster care? <i>This means there is a caregiver authorization from a state or tribe that says this is a foster care placement</i>		
<b>Kinship Care</b>	Is this child in kinship care with a relative or suitable other, with or without a grant?		
<b>Adopted after foster or kinship care</b>	Was this child adopted after foster care, kinship care, or after living in an orphanage in another country ( <i>This does not include other adoptions</i> )?		

## Housing (select one):

<input type="checkbox"/>	Rent or own an adequate residence
<input type="checkbox"/>	Doubled-up in a cooperative living arrangement with relatives or friends
<input type="checkbox"/>	Doubled-up with another family due to loss of housing, economic hardship, or a similar reason
<input type="checkbox"/>	In an emergency or transitional shelter
<input type="checkbox"/>	Sleeping in a hotel, motel, car, park, campsite, or similar location
<input type="checkbox"/>	Moving from place to place (couch surfing)
<input type="checkbox"/>	Inadequate housing such as no water, heat or electricity; excessive mold; or no cooking facilities

**Language – This child speaks (select one):**

- Child's first language: \_\_\_\_\_ Child's second language (if any): \_\_\_\_\_
- Child speaks only English
  - Some English, but mostly another home language
  - Only a home language other than English
  - Mostly English, and some of another home language
  - English and another language at age level (bilingual)

**Is this child Hispanic/Latino?**

- Yes  No *If yes, check all that apply:*
- |                                      |  |   |
|--------------------------------------|--|---|
| <input type="checkbox"/> Argentinian | <input type="checkbox"/> Guatemalan                            | <input type="checkbox"/> Puerto Rican                               |
| <input type="checkbox"/> Bolivian    | <input type="checkbox"/> Honduran                              | <input type="checkbox"/> Salvadoran                                 |
| <input type="checkbox"/> Chilean     | <input type="checkbox"/> Mexican or Mexican American (Chicano) | <input type="checkbox"/> Spanish                                    |
| <input type="checkbox"/> Colombian   | <input type="checkbox"/> Nicaraguan                            | <input type="checkbox"/> Uruguayan                                  |
| <input type="checkbox"/> Costa Rican | <input type="checkbox"/> Panamanian                            | <input type="checkbox"/> Venezuelan                                 |
| <input type="checkbox"/> Cuban       | <input type="checkbox"/> Peruvian                              | <input type="checkbox"/> Latin American                             |
| <input type="checkbox"/> Dominican   |  | <input type="checkbox"/> Other Hispanic or Latino (describe): _____ |
| <input type="checkbox"/> Ecuadorian  |  | <input type="checkbox"/> Decline to report ethnicity                |

**What race(s) do you consider this child? (Check all that apply)**

- |   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/> Black or African American | <input type="checkbox"/> Nepali                       | <input type="checkbox"/> Skokomish                                 |
| <input type="checkbox"/> White                                | <input type="checkbox"/> Pakistani                    | <input type="checkbox"/> Snoqualmie                                |
| <input type="checkbox"/> Alaska Native                        | <input type="checkbox"/> Singaporean                  | <input type="checkbox"/> Spokane                                   |
| <input type="checkbox"/> Aleut (Unangan)                      | <input type="checkbox"/> Sri Lankan                   | <input type="checkbox"/> Squaxin Island                            |
| <input type="checkbox"/> Alutiiq                              | <input type="checkbox"/> Taiwanese                    | <input type="checkbox"/> Suquamish                                 |
| <input type="checkbox"/> Athabaskan                           | <input type="checkbox"/> Thai                         | <input type="checkbox"/> Stillaguamish                             |
| <input type="checkbox"/> Eskimo (Inupiaq or Yupik)            | <input type="checkbox"/> Vietnamese                   | <input type="checkbox"/> Swinomish                                 |
| <input type="checkbox"/> Eyak                                 | <input type="checkbox"/> Other Asian (describe) _____ | <input type="checkbox"/> Upper Skagit                              |
| <input type="checkbox"/> Haida                                | <input type="checkbox"/> American Indian              | <input type="checkbox"/> Yakima                                    |
| <input type="checkbox"/> Tlingit                              | <input type="checkbox"/> Chehalis                     | <input type="checkbox"/> Other American Indian (describe) _____    |
| <input type="checkbox"/> Tsimshian                            | <input type="checkbox"/> Colville                     | <input type="checkbox"/> Native Hawaiian or other Pacific Islander |
| <input type="checkbox"/> Other Alaska Native (describe) _____ | <input type="checkbox"/> Hoh                          | <input type="checkbox"/> Fijian                                    |
| <input type="checkbox"/> Asian                                | <input type="checkbox"/> Jamestown S'Klallam          | <input type="checkbox"/> Guamanian                                 |
| <input type="checkbox"/> Bangladeshi                          | <input type="checkbox"/> Kalispel                     | <input type="checkbox"/> Kosraean                                  |
| <input type="checkbox"/> Cambodian                            | <input type="checkbox"/> Lower Elwha Klallam          | <input type="checkbox"/> Marshall Islander                         |
| <input type="checkbox"/> Chinese                              | <input type="checkbox"/> Lummi                        | <input type="checkbox"/> Melanesian                                |
| <input type="checkbox"/> Filipino                             | <input type="checkbox"/> Makah                        | <input type="checkbox"/> Micronesian                               |
| <input type="checkbox"/> Hmong                                | <input type="checkbox"/> Muckleshoot                  | <input type="checkbox"/> Native Hawaiian                           |
| <input type="checkbox"/> Indonesian                           | <input type="checkbox"/> Nisqually                    | <input type="checkbox"/> Papua New Guinean                         |
| <input type="checkbox"/> Japanese                             | <input type="checkbox"/> Nooksack                     | <input type="checkbox"/> Samoan                                    |
| <input type="checkbox"/> Korean                               | <input type="checkbox"/> Port Gamble Klallam          | <input type="checkbox"/> Tahitian                                  |
| <input type="checkbox"/> Laotian                              | <input type="checkbox"/> Puyallup                     | <input type="checkbox"/> Tongan                                    |
| <input type="checkbox"/> Madagascar                           | <input type="checkbox"/> Quileute                     | <input type="checkbox"/> Other Pacific Islander (describe) _____   |
| <input type="checkbox"/> Malayan                              | <input type="checkbox"/> Samish                       | <input type="checkbox"/> Decline to report race                    |
| <input type="checkbox"/> Mongolian                            | <input type="checkbox"/> Shoalwater Bay               |  |

**Household Members**

**Please list everyone living in the household who may be counted in family size.**

- Answer the questions about financial support and relationships. *(Please, circle your answer).*

For families temporarily living with relatives or others, do not list 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 in the relationship column (i.e., father – 2<sup>nd</sup> household).
- Then, answer the questions about financial support and relationships. *(Please circle your answer).*

First Name	Last Name	Birthdate	Relationship to ECEAP Child	Does the ECEAP child's parent or guardian financially support this person? <i>*See note below for people age 19 or older.</i> (yes or no)	Is this person related to ECEAP child's parent or guardian by blood, marriage, or adoption? (yes or no)
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 of the ECEAP child's parents pay more than half of their expenses.*

**Staff will use this information to calculate family size to determine State Median Income (SMI).**

**For staff use only:**  
 Family size for SMI chart \_\_\_\_\_  
 For children in foster care, kinship care, or adopted after foster/kinship care or living in an orphanage in another country, count family size as 1.  
 For all others, count people with Yes for both questions above.

**Parent/Guardian Contact Information**

Name of primary parent/guardian 1: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

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 (if different) \_\_\_\_\_ Apt Number \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_ Primary Phone #: \_\_\_\_\_

Alternate Phone #: \_\_\_\_\_

Parent/guardian 2: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Other Contact 3: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Other Contact 4: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

**Child lives with**

**One parent/guardian (Name):** \_\_\_\_\_ *Skip to next page*

*One parent is a person who lives with a child or children and who does not have a spouse or live-in partner, or who does not share custody of the child with another person. If the child splits time between two parents, then skip to two parents/guardians in two households.*

**Two parents/guardians in the same household (Names):** \_\_\_\_\_  
*Skip to next page*

**Two parents/guardians in two households**

*If this is checked, answer these questions to determine which parent's 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 next page and consider as Parent/Guardian #2)*

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

If yes, which parent received the child support payments? \_\_\_\_\_

If no, ECEAP will count the income from the legal parent/guardian for each household.

Do not include their spouses.

**Enter the legal parent/guardian's names here:**

Household 1: \_\_\_\_\_ Household 2: \_\_\_\_\_

**Parent/Guardian Household 2 information (required)**

Physical Address \_\_\_\_\_ Apt Number \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_ Apt Number \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_ Primary Phone# \_\_\_\_\_

**Parent/Guardian Employment, Training, and Other Activities**

Answer the following questions for each parent or guardian listed on the previous pages.

Do not count the same house 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: _____
<b>Employed?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, average paid hours per week:</b>		
<b>If yes, enter employer name.</b> (do not enter unknown or n/a)		
<b>If yes, enter employer phone number or email</b>		
<b>In school or job training?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, number of classroom hours per week</b>		
<b>If yes, number of study hours per week (Maximum 10)</b>		
<b>If yes, enter name of school or training organization.</b>		
<b>If yes, enter goal or major:</b>		
<b>Travel between child care and work/school?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, number of hours per week (maximum 10)</b>		
<b>CPS/FAR/ICW child care hours not counted above?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Additional hours per week of child care approved by CPS/FAR/ICW</b>		
<b>Approved WorkFirst hours not counted above?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, name of activity:</b>		
<b>If yes, total hours per week:</b>		
<b>Disabled parent unable to work and unable to care for the child while the other parent works?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If either parent has more than 55 hours total per week, explain:</b>		

**How did you find out about ECEAP?**

- DCYF website   
  Community event   
  Flyer   
  Postcard/mailing   
  ECEAP employee  
 Word of mouth   
 Media   
 Caseworker or Community Agency: \_\_\_\_\_  
 Other -- describe: \_\_\_\_\_

**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

**Income Received by Child's Parent(s) or Guardian(s)**

For children in foster care, kinship care, or adopted after kinship care, fill in this box and skip to next section.

- Monthly grant or payment for foster care, kinship care, or adopted support \$ \_\_\_\_\_
- Number of children covered by this grant or payment: \_\_\_\_\_  
 Case # or Client ID#, if any: \_\_\_\_\_  
 Payment source:  DSHS  SSI  Tribe  Other: \_\_\_\_\_

Did parents/guardians 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 with income (name)	Type of Income	Weekly Amount	# of Weeks Received	Monthly Amount	# of Months Received	Annual Amount \$
	W-2 (most current)					
	W-2 (most current)					
	Tax return (1040) or IRS Transcript showing total income (line 9)					
	Tax return (1040) or IRS Transcript showing total income (line 9)					
	Paystubs for 12 calendar months					
	Paystubs for 12 calendar 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 or pension plans					
	Insurance Payments that are regular (not one time)					
	State or Tribal TANF Grants					
	Emergency Assistance Cash Payments					
	Unemployment					
	Workers Compensation (L&I)					
	Tribal income (taxable)					
	Training Stipend					
	Scholarship, Grants, or Fellowships for living expenses					
					<b>SUBTOTAL \$</b>	
<b>Subtract</b>	Child support paid to another household, if required by a legally-binding child support order				-	
					<b>TOTAL \$</b>	



Do you still receive the income on the previous page?  Yes  No *If yes, skip to next section.*

**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  
 Job loss – lack of access or ability to afford child care for newborn  
 Similar unexpected circumstances (explain): \_\_\_\_\_

Parent/Guardian 1: What is your monthly income: \$ \_\_\_\_\_ For which month: \_\_\_\_\_

Parent/Guardian 2: What is your monthly income: \$ \_\_\_\_\_ For which month: \_\_\_\_\_

**For staff use only:** \_\_\_\_\_ initials of staff member

Verified revised income with:  Paystub       Unemployment       Other: \_\_\_\_\_

**Previous Enrollment**

This child was previously enrolled in:

	Name of agency, grantee, contractor, program
Head Start with a different agency, which one:	
Migrant/Seasonal Head Start anywhere in Washington, which one:	
Early Head Start with a different agency, Name of EHS Grantee:	
Early ECEAP, Name of Early ECEAP contractor:	
Any birth-to-three home visiting program, name of program:	
ECLIPSE (Early Childhood Intervention and Prevention Services) program, which one:	
ESIT (Early Support for Infants and Toddlers), name of ESIT provider:	
Part C IDEA Early Intervention program in another state, name of state:	

**IEP or Suspected Delay**

<input type="checkbox"/>	This child has a school district issued <b>Individualized Education Plan (IEP)</b> <i>(complete section below)</i>
<input type="checkbox"/>	This child was determined eligible for special education services through evaluation by a school or tribal district, but parent/guardian declined services
<input type="checkbox"/>	This child has a diagnosed developmental delay or disability with no IEP
<input type="checkbox"/>	This child completed a developmental screening that recommended referral for further evaluation
<input type="checkbox"/>	This child has a <b>suspected developmental delay or disability, describe on line below:</b> <i>(No IEP, diagnosis, or screening, or completed developmental screening with result, "rescreen needed")</i>

If this child has a school district issued **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 or Blind	<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, describe:	<input type="checkbox"/>	Visual impairment
<input type="checkbox"/>	Hearing impairment	<input type="checkbox"/>		<input type="checkbox"/>	

**IEP Start Date:** \_\_\_\_\_

**and 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

**Additional child question:**

	Yes	No
Has this child been expelled from any early learning program or child care due to behavior? <i>ECEAP serves children with behavior issues. Checking yes will not exclude your child.</i>		

**Additional Research-based Prioritization Factor Questions**

<i>We use this information to identify the children who most need ECEAP. All responses will be kept confidential.</i>	Yes	No
Does this child have a household family member who has a chronic physical or mental health condition that <b>severely</b> impacts their ability to engage in work, school, or family life?		
Does this child have a household family member who has a chronic physical or mental health condition that <b>moderately</b> impacts their ability to engage in work, school, or family life?		
Does this child have a parent who was under age 18 when this child was born?		
Does this child have a parent who is a migrant or seasonal agricultural worker? <i>(51% or more of family income from agricultural work)</i>		
Does this child have a parent who moves with child to engage in traditional cultural practices or employment? <i>(seasonal or temporary in agricultural or fishing work)</i>		
Does this child have a parent currently on active duty in the U.S. Military?		
Does this child have a parent currently a member of a National Guard unit or a Military Reserve unit?		
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?		
Does this child have a family member who attended an Indian boarding school?		
Has this child experienced a parent who is or has been incarcerated in jail, prison or a detention center?		
Has this child experienced the loss of a parent or primary caregiver, such as by death, abandonment, or deportation?		
Has this child experienced the divorce or separation of their parents?		
Has this child experienced homelessness within the last 12 months?		
Has this child lived in a household with domestic violence, including in-utero?		
Has this child lived in a household with substance abuse, including in-utero?		
Has this family previously received support or been involved in tribal or state systems including CPS/FAR/ICW services, or comparable tribal services, or been involved with law enforcement/court system regarding child abuse, neglect, or sexual assault?		
Has this child been reunited with parents after foster or kinship care in the past 12 months?		
ECEAP received a professional referral for this family.		
If yes, which agency made the referral?		

**Parent Education Level:**

Name:	Name:	Highest level of education achieved
		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
		Professional certificate (including vocational schools)
		Associates degree
		Bachelor's degree
		Master's degree or doctorate

**Health Information** *Please attach a copy of the child's immunization record (CIS form or Exemption form)*

	Yes	No
Does this child have a chronic physical or mental health condition that <b>severely</b> impacts child development or attendance?		
Does this child have a chronic physical or mental health condition that <b>moderately</b> impacts child development or attendance?		
Does this child have any diagnosed allergies or medical conditions?		
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** 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 number: \_\_\_\_\_  
 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 (MM/DD/YYYY): \_\_\_\_\_  Date Unknown

Does this child have **dental insurance** coverage?  Yes  No  Unknown

- Washington Apple Health for Kids/Provider One Services Card
- Military 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 number: \_\_\_\_\_  
 Name of dental professional: \_\_\_\_\_

Did this child have a dental exam within the last 6 months?  Yes  No  Unknown

Date of last dental screening before applying for ECEAP (MM/DD/YYYY): \_\_\_\_\_  Date Unknown

**Signature of Parent or 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 (TANF) dollars from the federal government.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

To complete the application process, we need to view verification documents to determine eligibility, priority, and program options.

**Verification Documents to include:**

- Child's age
- Legal guardianship/authority to enroll
- Family size
- Family annual income
- Immunization Certificate of Immunization Status or Exemption Form

**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 day 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 \_\_\_\_\_

Title: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_