



## Ellensburg School District #401

1300 East Third Avenue

Ellensburg, WA 98926

Phone: 509 925-8117 FAX: 509 925-8036

[www.esd401.org](http://www.esd401.org)

Dear Parent/Guardian,

Thank you for your interest in the Ellensburg School District Early Learning Center. This packet includes information about our ECEAP program and enrollment process. Thank you for the opportunity to serve your preschool student!

Children must be age 3 or 4 by August 31st, 2021 of the current school year.

For more about our program, please visit our website: [www.esd401.org](http://www.esd401.org), click on "Students and Families" and then click on [Early Learning Center](#).

### **ECEAP Preschool (Programs available are tuition based and state funded):**

- Tuition of \$300 per month is collected October 1st 2021 through May 1st, 2022 (a \$75 enrollment fee/deposit required to hold your spot).
- State funding available to those who qualify.
- Half day preschool 4 days per week.
- Parents provide transportation
- Family Services: Parent education, resources/referrals
- Parent Involvement: Volunteering and family activities.

**If you would like to be considered for placement by June 1st, please return your completed registration packet to the District Office by May 28th, 2021.**

Enrollment forms, along with the following information, must be completed to register your child.

**Placement will not occur until all forms are completed and in your child's file.**

- **CHILD'S IMMUNIZATION/SHOT RECORD** - Shots must be up-to-date based on the child's age and the Washington State Department of Health guidelines.
- **BIRTH CERTIFICATE:** To verify age as well as legal name, we will need your child's official birth certificate (we will make a copy for your file).
- **PROOF OF ANNUAL INCOME** (Tax Forms; W-2's; current pay statement; statement from TANF; SSI or Child Support).

We look forward to having your family in our program. If you have any questions or need assistance, please call 509.925.8119 or email [earlylearningcenter@esd401.org](mailto:earlylearningcenter@esd401.org).

**Please be sure to return the following documents with your application:**

**Please sure to return the following documents with your application:**

**Age Verification (Bring one)**

- |  |  |
|--|--|
| <input type="checkbox"/> Adoption papers                                   | <input type="checkbox"/> Medical card or records           |
| <input type="checkbox"/> Birth certificate                                 | <input type="checkbox"/> Medical record of birth           |
| <input type="checkbox"/> Child Profile                                     | <input type="checkbox"/> Passport or visa                  |
| <input type="checkbox"/> Court documents                                   | <input type="checkbox"/> Paternity affidavit               |
| <input type="checkbox"/> Foster care authorization letter                  | <input type="checkbox"/> Permanent resident ("green") card |
| <input type="checkbox"/> Government document with birth date               | <input type="checkbox"/> School records                    |
| <input type="checkbox"/> IEP (Individualized Education Program)            | <input type="checkbox"/> Other _____                       |
| <input type="checkbox"/> Immunization record (CIS or online Child Profile) |  |

**Legal Guardianship – if not biological parent (Bring one)**

- Adoption papers
- Benefits letter showing guardian receives benefit on behalf of the child (TANF, food stamps, etc.)
- Birth certificate
- Court order
- Foster care record
- Guardian's income tax return listing child (1040)
- In loco parentis
- Insurance documents stating the relationship
- Legal will, describing the relationship
- Letter from social worker, school personnel, lawyer, religious leader, or mental health professional
- Passport or visa
- 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 \_\_\_\_\_

**Family Size (Bring one)**

- Benefits letter (TANF, SSI, etc.)
- Court or legal document
- Foster care grant
- Rental/Housing Document
- Provider One website
- School records
- Tax records from previous year (1040)
- Other \_\_\_\_\_

**Income (Bring all that apply)**

- Benefits letter
- Child support order
  - For support paid, also view receipts, copy of canceled checks or pay stub showing deduction.
- College financial aid award letter, and college tuition and fees
- Foster care authorization letter
- Military Leave and Earnings Statements
- Pay stubs for 12 months
- Retirement payment statement
- Self employment income statement (IRS Form 1099 or Form K-1)
- Social Security (OASI or SSDI) statement
- Spousal maintenance ("alimony") award letter, court order, DCS statement, copy of check, or signed statement from payer.
- Supplemental Security (SSI) statement
- TANF (Temporary Assistance for Needy Families) award letter
- Tax records from previous year (1040)
- Unemployment Insurance
- W-2 form from previous year (IRS)
- Worker's Compensation (L&I)
- Tribal Income (taxable)
- Written statement from employer, as last resort
- Written statement from parent, as last resort
- Other \_\_\_\_\_

**Please continue with the rest of the application on the following pages.**

## 2021-2022 ECEAP Prescreen & Application (Combined Form)

School Year Applying for: \_\_\_\_\_

Return to: \_\_\_\_\_  
\_\_\_\_\_

### Section 1: Child Information

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

Child's first language: \_\_\_\_\_

Child's second language: \_\_\_\_\_

**Is this child Hispanic/Latino?**  Yes  No

- |  |   |  |
|--|---|--|
| <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<br>(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 <i>Hispanic or Latino</i> |
| <input type="checkbox"/> Ecuadorian (Ecuadorian) |   |  |
- 

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

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> <b>White</b><br><input type="checkbox"/> <b>Black or African American</b><br><input type="checkbox"/> <b>Alaska Native</b><br><input type="checkbox"/> Aleut (Unangan)<br><input type="checkbox"/> Alutiiq<br><input type="checkbox"/> Athabaskan<br><input type="checkbox"/> Eskimo (Inupiaq or Yupik)<br><input type="checkbox"/> Eyak<br><input type="checkbox"/> Haida<br><input type="checkbox"/> Tlingit<br><input type="checkbox"/> Tsimshian<br><input type="checkbox"/> Other Alaska Native | <input type="checkbox"/> <b>American Indian</b><br><input type="checkbox"/> Chehalis<br><input type="checkbox"/> Chinook<br><input type="checkbox"/> Colville<br><input type="checkbox"/> Cowlitz<br><input type="checkbox"/> Duwamish<br><input type="checkbox"/> Hoh<br><input type="checkbox"/> Jamestown<br><input type="checkbox"/> Kalispel<br><input type="checkbox"/> Kikiallus<br><input type="checkbox"/> Lower Elwha<br><input type="checkbox"/> Lummi<br><input type="checkbox"/> Makah<br><input type="checkbox"/> Muckleshoot<br><input type="checkbox"/> Nisqually<br><input type="checkbox"/> Nooksack<br><input type="checkbox"/> Port Gamble Klallam<br><input type="checkbox"/> Puyallup<br><input type="checkbox"/> Quileute<br><input type="checkbox"/> Quinault<br><input type="checkbox"/> Samish<br><input type="checkbox"/> Sauk-Suiattle<br><input type="checkbox"/> Shoalwater<br><input type="checkbox"/> Skokomish<br><input type="checkbox"/> Snohomish<br><input type="checkbox"/> Snoqualmie<br><input type="checkbox"/> Snoqualmoo<br><input type="checkbox"/> Spokane<br><input type="checkbox"/> Squaxin Island<br><input type="checkbox"/> Steilacoom<br><input type="checkbox"/> Stillaguamish<br><input type="checkbox"/> Suquamish<br><input type="checkbox"/> Swinomish<br><input type="checkbox"/> Tulalip<br><input type="checkbox"/> Upper Skagit<br><input type="checkbox"/> Yakama<br><input type="checkbox"/> Other American Indian | <input type="checkbox"/> <b>Native Hawaiian or Other Pacific Islander</b><br><input type="checkbox"/> Fijian<br><input type="checkbox"/> Guamanian<br><input type="checkbox"/> Kosraean<br><input type="checkbox"/> Mariana Islander<br><input type="checkbox"/> Marshall Islander<br><input type="checkbox"/> Melanesian<br><input type="checkbox"/> Micronesian<br><input type="checkbox"/> Native Hawaiian<br><input type="checkbox"/> Palauan<br><input type="checkbox"/> Papua New Guinean<br><input type="checkbox"/> Ponapean (Pohnpeian)<br><input type="checkbox"/> Samoan<br><input type="checkbox"/> Solomon Islander<br><input type="checkbox"/> Tahitian<br><input type="checkbox"/> Tarawa Islander<br><input type="checkbox"/> Tokelauan<br><input type="checkbox"/> Tongan<br><input type="checkbox"/> Trukese (Chuukese)<br><input type="checkbox"/> Vanuatuan/New Hebrides<br><input type="checkbox"/> Yapese<br><input type="checkbox"/> Other Pacific Islander |
|---|---|--|
-

**Section 2: Household Members**

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

For 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?* <i>See note below for people age 19 or older.</i>	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.

Section 3: Family Contact Information				
<b>Contact 1:</b>		Relationship to Child:		
Parent's Birth Date:		Do you need an interpreter to communicate with English speakers? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what language(s) do you speak?		
Physical Address	Apt Number	City	State	Zip
Mailing Address	Apt Number	City	State	Zip
Email	Phone	Alternate Phone		
<b>Contact 2:</b>		Relationship to Child:		
Parent's Birth Date:				
<b>Contact 3:</b>		Relationship to Child:		
Parent's Birth Date:				
<b>Contact 4:</b>		Relationship to Child:		
Parent's Birth Date:				

**Section 4: Child lives with**

- One parent/guardian (Name): \_\_\_\_\_ **Skip to section 5**
- Two parents/guardians in same household (Names): \_\_\_\_\_

- 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 5**

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:

<b>Contact 2:</b>		Relationship to Child:		
Parent's Birth Date:		Do you need an interpreter to communicate with English speakers? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what language(s) do you speak?		
Physical Address	Apt Number	City	State	Zip
Mailing Address	Apt Number	City	State	Zip
Email	Phone	Alternate Phone		

### Section 5: Parent Employment, Training, and Other Activities

Answer the following questions for each parent/guardian listed in question #3.

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:
<b>Employed?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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		
<b>In school or job training?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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.		
<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
a. If yes, hours per week (maximum 10)		
<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
a. Additional hours per week of child care approved by CPS		
<b>Approved WorkFirst hours not counted above?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, name of activity.		
b. If yes, total hours per week		
<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>		

### Section 6: 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

### Section 7: 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.

**Section 8: 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

**Section 9: 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 4*

- Monthly grant or payment for foster care, kinship care, or adoption support \$ \_\_\_\_\_
- Number of children covered by this grant or payment \_\_\_\_\_
- Case number or Client ID number, if any: \_\_\_\_\_
- Payment source (check):  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			\$		\$
	Unemployment	\$				\$
	Workers Compensation (L&I)	\$				\$
	Tribal income (taxable)					\$
	Other income not classified above			\$		\$
				\$		\$
<b>Subtract</b>	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 10.**

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? \_\_\_\_\_

### Section 10: Previous Enrollment

This child was previously enrolled in:

- Head Start at your agency  ESIT – Early Support or Infants  
 Head Start with a different agency Name of ESIT Provider: \_\_\_\_\_  
 Migrant/Seasonal Head Start anywhere in WA  
 Early Head Start  Part C IDEA Early Intervention program in another state  
Name of EHS Grantee: \_\_\_\_\_ Name of state and provider: \_\_\_\_\_  
 Any birth to three home visiting program and toddler  
 Early ECEAP  
Name of Early ECEAP contractor: \_\_\_\_\_

### Section 11: 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 6.

- |  |  |  |
|--|--|--|
| <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    |  |  |

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

### Section 12:

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.**

**Section 13: 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:  Yes  No

- Severely impacts their ability to engage in work, school, or family life?
- 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?

**Section 14: Parent Education Level – Check all that apply**

Highest level of education	Parent/Guardian 1 Name _____	Parent/Guardian 2 Name _____
6 <sup>th</sup> grade or less	<input type="checkbox"/>	<input type="checkbox"/>
7 <sup>th</sup> to 12 <sup>th</sup> grade, no diploma or GED	<input type="checkbox"/>	<input type="checkbox"/>
High school diploma or GED	<input type="checkbox"/>	<input type="checkbox"/>
Some college	<input type="checkbox"/>	<input type="checkbox"/>
Professional certificate (includes vocational schools)	<input type="checkbox"/>	<input type="checkbox"/>
Associate degree	<input type="checkbox"/>	<input type="checkbox"/>

Bachelor's degree	<input type="checkbox"/>	<input type="checkbox"/>
Master's degree or doctorate	<input type="checkbox"/>	<input type="checkbox"/>

**Section 9: 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  Unknown
- Moderately impacts child development or attendance?  Yes  No  Unknown

❖ 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: \_\_\_\_\_
- 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 Coverage  Private Dental Insurance  Tribal Coverage  
 ABCD (not available in all counties)

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

- Name of clinic or provider: \_\_\_\_\_ Phone: \_\_\_\_\_
- 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 \_\_\_\_\_  
 Title \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_