

2026-2027 ECEAP Prescreen & Application Combined

If you need help completing this form, please contact _____

Return completed form to _____

Section 1: Child Information

Legal first name _____

Middle name _____

Legal last name _____

Nickname _____

Date of birth _____

Gender identity _____

Is this child a member, or eligible for membership, of a Federally Recognized Tribe of the United States?

Yes No

General Information

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

CPS - 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 services 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

Language

Child's first language_____

Child's second language_____

This child speaks (*Select one*)

Only English

Mostly English, and some of another home language

English and another language at age level (bilingual)

Some English, but mostly another home language

Only a home language other than English

Housing

(*Select one*)

Rent or own an adequate residence

Doubled up in a cooperative living arrangement with relatives or friends

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

Race and Ethnicity

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

Decline to report child's race

Decline to report child's ethnicity

White

Black or African American

Hispanic/Latino

Argentinian
Bolivian
Chilean
Colombian
Costa Rican
Cuban
Dominican
Ecuadorian (Ecuadorian)

Guatemalan
Honduran
Mexican or Mexican-American
(Chicano)
Nicaraguan
Panamanian
Peruvian
Puerto Rican

Salvadoran
Spanish
Uruguayan
Venezuelan
Latin American
Other *Hispanic or Latino*

Alaska Native

Aleut (Unangan)
Alutiiq
Athabaskan

Eskimo (Inupiaq or Yupik)
Eyak
Haida

Tlingit
Tsimshian
Other Alaska Native

Asian

Asian Indian
Bangladeshi
Bhutanese
Burmese
Cambodian/Kampuchean
Chinese
Filipino
Hmong

Indonesian
Japanese
Korean
Laotian
Madagascar
Malayan
Maldivian
Mongolian

Nepali
Pakistani
Singaporean
Sri Lankan
Taiwanese
Thai
Vietnamese
Other Asian _____

American Indian

Chehalis
Chinook
Colville
Cowlitz
Duwamish
Hoh
Jamestown
Kalispel
Kikiallus
Lower Elwha
Lummi
Makah

Muckleshoot
Nisqually
Nooksack
Port Gamble Klallam
Puyallup
Quileute
Quinault
Samish
Sauk-Suiattle
Shoalwater
Skokomish
Snohomish

Snoqualmie
Snoqualmoo
Spokane
Squaxin Island
Steilacoom
Stillaguamish
Suquamish
Swinomish
Tulalip
Upper Skagit
Yakama
Other American Indian

Native Hawaiian or Other Pacific

Fijian
Guamanian
Kosraean
Mariana Islander
Marshall Islander
Melanesian
Micronesian

Native Hawaiian
Palauan
Papua New Guinean
Ponapean (Pohnpeian)
Samoa
Solomon Islander
Tahitian

Tarawa Islander
Tokelauan
Tongan
Trukese (Chuukese)
Vanuatuan/New Hebrides
Yapese
Other Pacific Islander

Section 2: Household Members

- Please list everyone living in the household who may be counted in the 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 State Median Income (SMI)

First and Last Name	Birthdate	Relationship to ECEAP Child	Does the ECEAP child's parent or guardian financially support this person? * See note below for people age 19 or older.	Is this person related to the ECEAP child's parent/guardian by blood, marriage, or adoption?
		ECEAP Child	Yes	Yes
		Parent/ Guardian_1	Yes	Yes
		Parent/ Guardian_2	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 SMI 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

Contact 1

Name _____ Relationship to Child _____

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

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

Address _____ City _____ State **WA** ZIP Code _____
(Physical Address)

Address _____ City _____ State **WA** ZIP Code _____
(Mailing Address if different than physical address)

Email _____ Phone _____ Alternate Phone _____

Contact 2

Name _____ Birth date _____ Relationship to Child _____

Contact 3

Name _____ Birth date _____ Relationship to Child _____

Contact 4

Name _____ Birth date _____ Relationship to Child _____

Section 4: Child lives with

One parent/guardian (Name) _____ *(Skip to section 5 if one parent)*

Two parents/guardians in same household

Parent/guardian name 1 _____

Parent/guardian name 2 _____

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 _____

Household 2

Relationship with child _____

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

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

Address _____ City _____ State _____ ZIP Code _____
(Physical Address)

Address _____ City _____ State _____ ZIP Code _____
(Mailing Address if different than physical address)

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 _____ Employed Yes No (if yes answer the following)

Name of employer (don't enter unknown or N/A) _____

Average paid hours per week _____

In school or job training Yes No (if yes answer the following)

Class hours per week _____ Study hours per week (maximum 10) _____

Name of school or training organization _____

Goal or major _____

Travel between child care and work/school Yes No Hours per week (maximum 10) _____

CPS/FAR/ICW child care hours not counted above Yes No

Additional hours per week of child care approved by CPS) _____

Approved WorkFirst hours not counted above _____

Name of activity _____ Total hours per week _____

Disabled parent unable to work and unable to care for the child while the other parent works Yes No

If either parent has more than 55 hours total per week, explain:

Parent/Guardian # 2

Name _____ Employed Yes No (if yes answer the following)

Name of employer (don't enter unknown or N/A) _____

Average paid hours per week _____

In school or job training Yes No (if yes answer the following)

Class hours per week _____ Study hours per week (maximum 10) _____

Name of school or training organization _____

Goal or major _____

Travel between child care and work/school Yes No Hours per week (maximum 10) _____

CPS/FAR/ICW child care hours not counted above Yes No

Additional hours per week of child care approved by CPS) _____

Approved WorkFirst hours not counted above _____

Name of activity _____ Total hours per week _____

Disabled parent unable to work and unable to care for the child while the other parent works Yes No

If either parent has more than 55 hours total per week, explain:

Section 6: How did you find out about ECEAP

- | | |
|-----------------|-----------------------------------|
| DCYF website | Caseworker |
| Community event | Media |
| Flyer | Community agency - Name of agency |
| ECEAP employee | _____ |
| Word of mouth | Other _____ |

Section 7: Survey for Statewide Planning

If you could choose the length of day for your child's preschool, which would be best for your child and family?

Please note, these options may not all be available in your community this year.

Part Day – about 3 hours, 3 or 4 days a week. School Day – about 6 hours, 4 or 5 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:**
 please enter the case number _____ (if none write none and skip to Section 10)

- 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. Explain how basic needs are met.

Enter all family income for one year in the chart below.

Select one 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			\$		\$
	State or Tribal TANF Grants			\$		\$
	Unemployment	\$				\$
	Workers Compensation (L&I)	\$				\$
	Tribal income (taxable)					\$
	Emergency Assistance Cash Payments			\$		\$
	Insurance Payments that are regular (not 1 time)			\$		\$
	Retirement or pension plans					
	Training Stipend					
	Scholarship, Grants, or Fellowships for living expenses					
Subtract	Child support paid to another household, if required by a legally-binding child support order			\$		\$
Total						

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
- Reduced work hours
- Health/Injury
- Loss of benefits
- Job loss – lack of access or ability to afford child care for newborn
- Similar unexpected circumstance (explain)

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

Section 10: Previous Enrollment

This child was previously enrolled in: *(check all that apply)*

Head Start at your agency

Head Start with a different agency

Migrant/Seasonal Head Start anywhere in WA

Early Head Start Name of EHS Grantee _____

Any birth to three home visiting program

Early ECEAP Name of Early ECEAP contractor _____

ECLIPSE - Early Childhood Intervention and Prevention Services

ESIT – Early Support or Infants Name of ESIT Provider _____

Part C Part C IDEA Early Intervention program in another state State _____

Name of provider _____

No previous early learning preschool enrollment

Section 11: IEP or Suspected Delay

(Check one if applicable)

This child has an Individualized Education Program (IEP)

This child was determined eligible for special education services through evaluation by a school district or tribal school but waiting for IEP to be issued or parent/guardian declined services.

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 12.](#)

Autism

Intellectual disability

Specific learning disability

Deaf-blindness

Multiple disabilities

Speech or language

Developmental delay

Orthopedic impairment

Traumatic brain injury

Emotional disturbance

Other health impairment

Visual impairment

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: Behavior

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
(if yes select one)

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

Moderately 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?..... Yes No

Does this child have a parent who is a migrant or seasonal agricultural worker?..... Yes No

Does this child have a parent who moves with child to engage in traditional cultural practices or employment (seasonal or temporary in agricultural or fishing work)?..... 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 family who attended an Indian boarding school?..... Yes No

Has this child experienced a parent incarcerated, such as in jail or prison?..... Yes No

Has this child experienced the loss of a parent or primary caregiver such as by death or abandonment?..... 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 previously received support or been involved in tribal or state systems including CPS/FAR/ICW services, or comparable tribal service, or been involved with law enforcement/court system regarding child abuse, neglect, or sexual assault?..... 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

Section 14: Parent Education Level

(select the highest level of education)

Parent/Guardian 1 Name _____

- | | |
|---|---|
| <input type="checkbox"/> 6th grade or less | <input type="checkbox"/> 7th to 12th grade, no diploma or GED |
| <input type="checkbox"/> High school diploma or GED | <input type="checkbox"/> Some college |
| <input type="checkbox"/> Professional certificate (includes vocational schools) | <input type="checkbox"/> Associate degree |
| Bachelor's degree | Master's degree or doctorate |

Parent/Guardian 2 Name _____

- | | |
|--|--------------------------------------|
| 6th grade or less | 7th to 12th grade, no diploma or GED |
| High school diploma or GED | Some college |
| Professional certificate (includes vocational schools) | Associate degree |
| Bachelor's degree | Master's degree or doctorate |

Section 15: Health Information

Please attach a copy of the child's immunization record

Does this child have a chronic physical or mental health condition that:..... Yes No

Severely impacts child development or attendance?

Moderately impacts child development or attendance?

If yes, please describe

Was this child born preterm (less than 37 weeks), or weigh less than 5.5 pounds at birth? Yes No

Does this child have medical insurance or coverage?

- | | |
|--|-------------------|
| 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

Has ECEAP received a copy of the results for a well-child (EPSDT) exam?..... Yes No

Date of last well-child exam before applying for ECEAP _____

Does this child have dental insurance or coverage?

- | | |
|--|--------------------------------------|
| Washington Apple Health for Kids/ Provider One Services Card | Private Dental Insurance |
| Military Coverage | Tribal Coverage |
| | ABCD (not available in all counties) |

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

Has ECEAP received a copy of the results for a dental screening? Yes No

Date of last dental screening before applying for ECEAP _____

Signature of Parent/Guardian

I promise that the information on this form is true and correct. I have authority to enroll this child and 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.
- Services that were not actually provided.
- Class start and end dates.
- Children’s actual start dates and last days in class.
- A family providing false information in order to enroll in ECEAP.

Print Name _____ Title _____

Signature _____ Date _____