

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

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

Our programs fill up fast, so please apply as soon as you can!

The information on your application is confidential and used only to determine your child's eligibility for our Early Learning Programs.

We do not require, check, or report on immigration or DSHS status.

## REQUIRED DOCUMENTS

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

1



**Application:** Fill out the application form using a black or blue pen.

2



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

Use any that apply:

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

3



**Proof of Family Size:** Attach a copy of proof of family size.

Use any of these:

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

4



**Proof of Child's Age:** Attach a copy of your child's proof of birth date.

Use any of these:

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

5



**Proof of Legal Guardianship:** Attach a copy of your proof of legal guardianship.

Use any of these:

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

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

Return your completed application and documents to:

Address:  
 Bellevue College  
 Early Learning Center  
 3000 Landerholm Circle SE  
 Bellevue WA 98007

Phone Number: 425-564-2240

# Early Learning Application 2020-2021

## Child Information – General

|                                 |                                                               |            |
|---------------------------------|---------------------------------------------------------------|------------|
| First Name:                     | Middle Initial:                                               | Last Name: |
| Date of Birth (month/day/year): | Gender: <input type="checkbox"/> M <input type="checkbox"/> F |            |

|                                                                                                                                                                                                                                                                                                                                          |                           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| What is this child's home language?                                                                                                                                                                                                                                                                                                      | 2 <sup>nd</sup> language: |
| Does this child speak: <input type="checkbox"/> Only English <input type="checkbox"/> Mostly English and another language <input type="checkbox"/> Some English, but mostly another language <input type="checkbox"/> Both English and another language the same (bilingual) <input type="checkbox"/> Only a language other than English |                           |

|                                                                                                                                                                                                                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Is this child Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                        |
| What is this child's race? Check all that apply:<br><input type="checkbox"/> African/African American/Black <input type="checkbox"/> Native Hawaiian or Pacific Islander<br><input type="checkbox"/> Asian <input type="checkbox"/> White<br><input type="checkbox"/> Alaska Native/Native American/American Indian <input type="checkbox"/> Not listed above: |
| What is your family's heritage/tribe/country of origin?                                                                                                                                                                                                                                                                                                        |

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

|                                                                                                                                                                                                                |                                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| <b>The questions below are for information only. Answering "Yes" will not affect your eligibility or enrollment in the program.</b>                                                                            |                                                                                                                          |
| Is this child in official foster care or kinship care <b>with</b> a grant amount? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                     |                                                                                                                          |
| If <b>yes</b> , what is the Case Number or Client ID Number?                                                                                                                                                   |                                                                                                                          |
| What is the monthly grant/payment amount and source? \$                                                                                                                                                        | <input type="checkbox"/> DSHS <input type="checkbox"/> SSI <input type="checkbox"/> Tribe <input type="checkbox"/> Other |
| # of children covered by grant amount:                                                                                                                                                                         |                                                                                                                          |
| Is this child in kinship care <b>without</b> a grant amount? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                          |                                                                                                                          |
| Was this child adopted after foster care or kinship care? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                             |                                                                                                                          |
| Does your family currently receive services through Child Protective Services (CPS), Family Assessment Response (FAR), or Indian Child Welfare (ICW)? <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                                                                                          |
| Has your family received services from CPS/FAR/ICW in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                       |                                                                                                                          |
| Is your family currently approved for child care through CPS or FAR?                                                                                                                                           |                                                                                                                          |
| <input type="checkbox"/> Yes – How many approved hours per week?                                                                                                                                               |                                                                                                                          |
| <input type="checkbox"/> No                                                                                                                                                                                    |                                                                                                                          |
| Has this child ever been asked to leave an early learning program because of behavior issues? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                         |                                                                                                                          |

# Early Learning Application 2020-2021

## Child Information – Health

Does this child have medical insurance?  Yes  No  
If yes, what type?  Washington Apple Health/ProviderOne  Private Insurance  Tribal  Military Medical Coverage

Does this child have a regular doctor or medical clinic?  
 Yes - Name of clinic/provider: \_\_\_\_\_ Name of medical professional: \_\_\_\_\_  
 No

Did this child have a well-child exam within the last 12 months?  
 Yes – Date of last exam (month/day/year): \_\_\_\_\_  
 No  Date Unknown

What is your child’s immunization status?  Fully immunized  Exempt  Not fully immunized or exempt  Not sure

Does this child have dental insurance?  Yes  No  
If yes, what type?  Washington Apple Health/ProviderOne  Private Insurance  Tribal  ABCD  Military Dental Coverage

Does this child have a regular dentist or dental clinic?  
 Yes - Name of clinic/provider: \_\_\_\_\_ Name of dental professional: \_\_\_\_\_  
 No

Did this child have dental exam within the last 6 months?  
 Yes – Date of last exam (month/day/year): \_\_\_\_\_  
 No  Date Unknown

Has this child been diagnosed by a Health Care Provider with a chronic health condition (may include asthma, cancer, diabetes, seizures, ADHD, autism, spina bifida, sickle cell disease, or life-threatening allergies)?  
 Yes – Please describe: \_\_\_\_\_ The health condition is considered:  Severe  Moderate  Mild  
 No

## Child Information - Development

Do you have concerns about this child’s health?  Yes – check all that apply below  No

|                                                                           |                                                           |                                                         |
|---------------------------------------------------------------------------|-----------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Low birth weight (less than 5.5 lbs/5 lbs 8 oz.) | <input type="checkbox"/> Preterm birth less than 37 weeks | <input type="checkbox"/> Drug/alcohol affected          |
| <input type="checkbox"/> Hearing                                          | <input type="checkbox"/> Fine motor/gross motor           | <input type="checkbox"/> Tooth pain/decay/bleeding gums |
| <input type="checkbox"/> Vision                                           | <input type="checkbox"/> Food intolerance/special diet –  |                                                         |

Please describe: \_\_\_\_\_

Does this child have a **current and active** Individual Education Plan (IEP) or Individual Family Service Plan (IFSP)?  
 Yes – Please provide a copy with your application.  
 No – Check if any of these apply:  
 My child has a diagnosed developmental delay or disability, has no IEP, or is being referred for evaluation.  
 My child has a suspected developmental delay or disability.



# Early Learning Application 2020-2021

## Parent/Guardian Information

This child lives with:

- One parent/guardian (complete Parent/Guardian 1)  
 Two parents/guardians in the same household (complete Parent/Guardian 1 & 2)  
 Two parents/guardians in two households (complete Parent/Guardian 1 & 2)

|                                                       | Parent/Guardian 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Parent/Guardian 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Relationship to child                                 | <input type="checkbox"/> Biological/Adopted/Stepparent<br><input type="checkbox"/> Foster Parent <input type="checkbox"/> Aunt/Uncle<br><input type="checkbox"/> Grandparent <input type="checkbox"/> Other:                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Biological/Adopted/Stepparent<br><input type="checkbox"/> Foster Parent <input type="checkbox"/> Aunt/Uncle<br><input type="checkbox"/> Grandparent <input type="checkbox"/> Other:                                                                                                                                                                                                                                                                                                                                 |
| Gender                                                | <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Not specified                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Not specified                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Date of Birth (month/day/year)                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Address                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Phone                                                 | <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Alternate Phone                                       | <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Email                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Were you under age 18 when this child was born?       | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| What language(s) do you speak?                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Do you need an interpreter for this language?         | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| What is your race? Check all that apply               | <input type="checkbox"/> African/African American/Black<br><input type="checkbox"/> Asian<br><input type="checkbox"/> Alaska Native/Native American/American Indian<br><input type="checkbox"/> Native Hawaiian or Pacific Islander<br><input type="checkbox"/> White<br><input type="checkbox"/> Not listed above:                                                                                                                                                                                                                          | <input type="checkbox"/> African/African American/Black<br><input type="checkbox"/> Asian<br><input type="checkbox"/> Alaska Native/Native American/American Indian<br><input type="checkbox"/> Native Hawaiian or Pacific Islander<br><input type="checkbox"/> White<br><input type="checkbox"/> Not listed above:                                                                                                                                                                                                                          |
| What is the highest level of education you completed? | <input type="checkbox"/> 6 <sup>th</sup> grade or less<br><input type="checkbox"/> 7 <sup>th</sup> to 12 <sup>th</sup> grade, no diploma or GED<br><input type="checkbox"/> High school diploma<br><input type="checkbox"/> GED<br><input type="checkbox"/> Some college/advanced training<br><input type="checkbox"/> College/professional certificate<br><input type="checkbox"/> Associate degree<br><input type="checkbox"/> Bachelor's degree<br><input type="checkbox"/> Master's or doctorate degree<br><input type="checkbox"/> None | <input type="checkbox"/> 6 <sup>th</sup> grade or less<br><input type="checkbox"/> 7 <sup>th</sup> to 12 <sup>th</sup> grade, no diploma or GED<br><input type="checkbox"/> High school diploma<br><input type="checkbox"/> GED<br><input type="checkbox"/> Some college/advanced training<br><input type="checkbox"/> College/professional certificate<br><input type="checkbox"/> Associate degree<br><input type="checkbox"/> Bachelor's degree<br><input type="checkbox"/> Master's or doctorate degree<br><input type="checkbox"/> None |



# Early Learning Application 2020-2021

|                                              | Parent/Guardian 1                                                                                                                                                                                                                            | Parent/Guardian 2                                                                                                                                                                                                                            |
|----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Are you currently employed?                  | <input type="checkbox"/> Yes – How many hours per week (including travel)?<br><br>Employer name & phone #:<br><br><input type="checkbox"/> No<br><input type="checkbox"/> No, retired or disabled<br><input type="checkbox"/> Seasonal       | <input type="checkbox"/> Yes – How many hours per week (including travel)?<br><br>Employer name & phone #:<br><br><input type="checkbox"/> No<br><input type="checkbox"/> No, retired or disabled<br><input type="checkbox"/> Seasonal       |
| Are you currently in job training or school? | <input type="checkbox"/> Yes – How many hours per week (including class time, study time, travel)?<br><br>School name & major/goal:<br><br><input type="checkbox"/> No                                                                       | <input type="checkbox"/> Yes – How many hours per week (including class time, study time, travel)?<br><br>School name & major/goal:<br><br><input type="checkbox"/> No                                                                       |
| Are you in an approved WorkFirst activity?   | <input type="checkbox"/> Yes – Describe the activity and the number of approved hours per week:<br><input type="checkbox"/> No                                                                                                               | <input type="checkbox"/> Yes – Describe the activity and the number of approved hours per week:<br><input type="checkbox"/> No                                                                                                               |
| Are you or have been in the U.S. military?   | <input type="checkbox"/> Yes, current service member<br><input type="checkbox"/> Yes, currently deployed or have been in the last 12 months/for a total of 19 months<br><input type="checkbox"/> Yes, veteran<br><input type="checkbox"/> No | <input type="checkbox"/> Yes, current service member<br><input type="checkbox"/> Yes, currently deployed or have been in the last 12 months/for a total of 19 months<br><input type="checkbox"/> Yes, veteran<br><input type="checkbox"/> No |

## Family Concerns

Please check areas of concern that you have for yourself/family in your household:

- |                                                                                                 |                                                                                                                                 |                                                                                              |
|-------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Child's parent/guardian has a disability or is chronically ill and is: | <input type="checkbox"/> Household mental illness, including maternal depression (child is diagnosed, or adult is experiencing) | <input type="checkbox"/> Legal concerns                                                      |
| <input type="checkbox"/> Unable to engage in work/school/family life                            | <input type="checkbox"/> Household domestic violence (past or current)                                                          | <input type="checkbox"/> Child's parent/guardian is a migrant worker                         |
| <input type="checkbox"/> Somewhat able to engage in work/school/ family life                    | <input type="checkbox"/> Household drug/alcohol issues or substance abuse (past or current)                                     | <input type="checkbox"/> Recent immigrant/refugee (past 5 years)                             |
| <input type="checkbox"/> Mostly able to engage in work/school/family life                       | <input type="checkbox"/> Family is socially isolated, with complete or near-complete lack of contact with others                | <input type="checkbox"/> Child's parent/guardian is incarcerated                             |
| <input type="checkbox"/> Child's parent/guardian has learning difficulties, no disability       | <input type="checkbox"/> Getting or keeping a job                                                                               | <input type="checkbox"/> Loss of a parent (death, abandonment, or deportation)               |
|                                                                                                 |                                                                                                                                 | <input type="checkbox"/> Child's parents/guardians divorced or separated during child's life |
|                                                                                                 |                                                                                                                                 | <input type="checkbox"/> Previously homeless (in the last 12 months)                         |
|                                                                                                 |                                                                                                                                 | <input type="checkbox"/> Concerns with housing                                               |

## Family Living Situation

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

What is your family's current housing situation? **The McKinney-Vento Act provides services and supports for children and youth experiencing homelessness. Your answers may help us determine the services your child may be eligible to receive.**

- |                                                                                         |                                       |                                                                     |                                                                                                  |
|-----------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Rent                                                           | <input type="checkbox"/> In a motel   | <input type="checkbox"/> A car, park, campsite, or similar location | <input type="checkbox"/> Moving from place to place/couch surfing                                |
| <input type="checkbox"/> Own                                                            | <input type="checkbox"/> In a shelter | <input type="checkbox"/> Transitional Housing                       | <input type="checkbox"/> In a residence with inadequate facilities (no water, heat, electricity) |
| <input type="checkbox"/> In someone else's house or apartment with another family:      |                                       | <input type="checkbox"/> Other – Please describe:                   |                                                                                                  |
| ➤ <input type="checkbox"/> By choice (e.g. to save money, to be close to family, etc.)  |                                       |                                                                     |                                                                                                  |
| ➤ <input type="checkbox"/> Due to loss of housing, economic hardship, or similar reason |                                       |                                                                     |                                                                                                  |



# Early Learning Application 2020-2021

## Family Income and Family Size

Check all that apply if you, this child, or another person living in your home related to you by blood, marriage, or adoption receive these types of Public Assistance:

- SSI for disability received by:  Child  Parent/Guardian  Other – Relationship to child:  
 Temporary Assistance for Needy Families (TANF) cash.

Check if you also have the following:  Child-only TANF  WorkFirst  Working Connections Child Care subsidy

Please list additional people living in this child's primary household below, not including yourself or this child.

| Name (First and Last) | Birthdate (month/day/year) | Relationship to child | Do you financially support this person?                  | Is this person related to you by blood, marriage, or adoption? |
|-----------------------|----------------------------|-----------------------|----------------------------------------------------------|----------------------------------------------------------------|
|                       |                            |                       | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No       |
|                       |                            |                       | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No       |
|                       |                            |                       | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No       |
|                       |                            |                       | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No       |
|                       |                            |                       | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No       |
|                       |                            |                       | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No       |
|                       |                            |                       | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No       |
|                       |                            |                       | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No       |
|                       |                            |                       | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No       |
|                       |                            |                       | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No       |

What is the **total number** of family members living in your home, including yourself and this child?

What is your **total estimated** household income for the last calendar year or the last 12 months?

I promise that the information on this form is true and correct. I have reported all my income and family size, as required by the Early Learning Programs. If I knowingly provide false information, I understand my family may be unable to continue program services. Additionally, if my child is enrolled in ECEAP, I may have to repay the amount spent on my child.

I understand that information from this application is entered in various Early Learning databases operated by the Department of Children, Youth, and Families (DCYF) and Puget Sound Educational Service District (PSESD). DCYF and PSESD are committed to protecting confidential and personal information that could identify a child or family. No information related to immigration status is entered in the databases or shared with state or federal agencies. Information in the databases may be used for the following:

- Research studies to determine if participating in Early Learning 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.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

(ECEAP Staff: Enter this date in ELMS)

**\*Staff Only – If not signed, complete below. Parent signature must be obtained as soon as possible, or no later than the enrollment visit.**

Reviewed and received verbal verification on (date):

Staff Initials:

(ECEAP Staff: Enter this date in ELMS if not signed – you cannot update this once the ELMS application is locked)

| Staff Only    |                             |                        |               |
|---------------|-----------------------------|------------------------|---------------|
| Child's Age:  | Total Verified Family Size: | Total Verified Income: | Total Points: |
| Site Name/ID: | Date received:              |                        |               |



# Early Learning Application 2020-2021

|                                                                                                                                                   |                                                       |                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|--------------------------------------------------------------------|
|                                                                                                                                                   |                                                       | (This date will determine eligibility timeframe)                   |
| Date staff reviewed application with family:                                                                                                      |                                                       | Date sent to PSESD (N/A for ECEAP only sites):                     |
| EHS Only - Is this child a newborn taking the mother's slot? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, mother's name: |                                                       |                                                                    |
| For Homeless Families – Check the services that are needed or desired by the family and provide resources as soon as possible:                    |                                                       |                                                                    |
| <input type="checkbox"/> Child care resources                                                                                                     | <input type="checkbox"/> Immunization/medical records | <input type="checkbox"/> Medicaid/DSHS services – Food stamps/TANF |
| <input type="checkbox"/> Clothing resources                                                                                                       | <input type="checkbox"/> Vision referral              | <input type="checkbox"/> College/vocational/technical resources    |
| <input type="checkbox"/> School supplies                                                                                                          | <input type="checkbox"/> Hygiene products/toiletries  | <input type="checkbox"/> School transportation (if site provides)  |
| <input type="checkbox"/> Medical/dental referral                                                                                                  | <input type="checkbox"/> Food resources               | <input type="checkbox"/> Other:                                    |
| <input type="checkbox"/> Housing/shelter referral                                                                                                 | <input type="checkbox"/> Birth certificate            |                                                                    |
| Staff Name & Signature:                                                                                                                           |                                                       | Date:                                                              |

