



2019-20 ECEAP Prescreen

Return to: Jessie Smylie

1. Child Information

School year applying for: _____

Legal First Name _____ Middle Name _____ Legal Last Name _____

Child's birth date ____/____/____ Nickname _____ Gender _____

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

If no, do you have any concerns about this child's development? Yes No

Is this child in 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

Is this child's family currently receiving Child Protective Services (CPS) or similar Indian Child Welfare (ICW) services? Yes No

Is this child's family currently receiving Family Assessment Response (FAR)? Yes No

Is this child homeless? *This means no fixed, regular, and adequate nighttime residence.* Yes No

If yes, does this child live with a parent or consistent guardian? Yes No

Is this child living with a guardian, who is not their parent or foster parent, who receives a state, tribal, or SSI payment on behalf of the child? Yes No

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 English

Child's first language _____ Child's second language _____

Is this child Hispanic/Latino? Yes No

If yes, check all that apply:

- | | | |
|--|--|--|
| <input type="checkbox"/> Argentinian | <input type="checkbox"/> Guatemalan | <input type="checkbox"/> Salvadoran |
| <input type="checkbox"/> Bolivian | <input type="checkbox"/> Honduran | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Chilean | <input type="checkbox"/> Mexican or Mexican-American (Chicano) | <input type="checkbox"/> Uruguayan |
| <input type="checkbox"/> Colombian | <input type="checkbox"/> Nicaraguan | <input type="checkbox"/> Venezuelan |
| <input type="checkbox"/> Costa Rican | <input type="checkbox"/> Panamanian | <input type="checkbox"/> Latin American |
| <input type="checkbox"/> Cuban | <input type="checkbox"/> Peruvian | <input type="checkbox"/> Other Hispanic or Latino (describe) _____ |
| <input type="checkbox"/> Dominican | <input type="checkbox"/> Puerto Rican | |
| <input type="checkbox"/> Ecuatorian (Ecuadorian) | | |

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

- | | | |
|---|---|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Quinault | <input type="checkbox"/> Maldivian |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Samish | <input type="checkbox"/> Mongolian |
| <input type="checkbox"/> Alaska Native | <input type="checkbox"/> Sauk-Suiattle | <input type="checkbox"/> Nepali |
| <input type="checkbox"/> Aleut (Unangan) | <input type="checkbox"/> Shoalwater | <input type="checkbox"/> Pakistani |
| <input type="checkbox"/> Alutiiq | <input type="checkbox"/> Skokomish | <input type="checkbox"/> Singaporean |
| <input type="checkbox"/> Athabaskan | <input type="checkbox"/> Snohomish | <input type="checkbox"/> Sri Lankan |
| <input type="checkbox"/> Eskimo (Inupiaq or Yupik) | <input type="checkbox"/> Snoqualmie | <input type="checkbox"/> Taiwanese |
| <input type="checkbox"/> Eyak | <input type="checkbox"/> Snoqualmoo | <input type="checkbox"/> Thai |
| <input type="checkbox"/> Haida | <input type="checkbox"/> Spokane | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Tlingit | <input type="checkbox"/> Squaxin Island | <input type="checkbox"/> Other Asian (describe) _____ |
| <input type="checkbox"/> Tsimshian | <input type="checkbox"/> Steilacoom | |
| <input type="checkbox"/> Other Alaska Native (describe) _____ | <input type="checkbox"/> Stillaguamish | |
| | <input type="checkbox"/> Suquamish | |
| | <input type="checkbox"/> Swinomish | |
| | <input type="checkbox"/> Tulalip | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| | <input type="checkbox"/> Upper Skagit | <input type="checkbox"/> Fijian |
| | <input type="checkbox"/> Yakama | <input type="checkbox"/> Guamanian |
| | <input type="checkbox"/> Other American Indian (describe) _____ | <input type="checkbox"/> Kosraean |
| <input type="checkbox"/> American Indian | | <input type="checkbox"/> Mariana Islander |
| <input type="checkbox"/> Chehalis | <input type="checkbox"/> Asian | <input type="checkbox"/> Marshall Islander |
| <input type="checkbox"/> Chinook | <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Melanesian |
| <input type="checkbox"/> Colville | <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Micronesian |
| <input type="checkbox"/> Cowlitz | <input type="checkbox"/> Bhutanese | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Duwamish | <input type="checkbox"/> Burmese | <input type="checkbox"/> Palauan |
| <input type="checkbox"/> Hoh | <input type="checkbox"/> Cambodian/Kampuchean | <input type="checkbox"/> Papua New Guinean |
| <input type="checkbox"/> Jamestown | <input type="checkbox"/> Chinese | <input type="checkbox"/> Ponapean (Pohnpeian) |
| <input type="checkbox"/> Kalispel | <input type="checkbox"/> Filipino | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Kikiallus | <input type="checkbox"/> Hmong | <input type="checkbox"/> Solomon Islander |
| <input type="checkbox"/> Lower Elwha | <input type="checkbox"/> Indonesian | <input type="checkbox"/> Tahitian |
| <input type="checkbox"/> Lummi | <input type="checkbox"/> Japanese | <input type="checkbox"/> Tarawa Islander |
| <input type="checkbox"/> Makah | <input type="checkbox"/> Korean | <input type="checkbox"/> Tokelauan |
| <input type="checkbox"/> Muckleshoot | <input type="checkbox"/> Laotian | <input type="checkbox"/> Tongan |
| <input type="checkbox"/> Nisqually | <input type="checkbox"/> Madagascar | <input type="checkbox"/> Trukese (Chuukese) |
| <input type="checkbox"/> Nooksack | <input type="checkbox"/> Malayan | <input type="checkbox"/> Vanuatuan/New Hebrides |
| <input type="checkbox"/> Port Gamble Klallam | | <input type="checkbox"/> Yapese |
| <input type="checkbox"/> Puyallup | | <input type="checkbox"/> Other Pacific Islander (describe) _____ |
| <input type="checkbox"/> Quileute | | |

2. Family Contact Information

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

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

Physical Street Address _____ Apt # _____ City _____ Zip _____

Mailing Address (if different) _____ City _____ Zip _____

Email _____

Phone _____ Alternate Phone _____

3. Child lives with:

One parent/guardian (Name) _____ **Skip to section 4.**

Two parents/guardians in same household (Names) _____
_____ **Skip to section 4.**

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 4.**

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

If **yes**, which parent receives the child support payments? _____
Spouse of this parent, if any: _____ **Skip to section 4.**

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 _____

Contact Info for Household 2:

Physical Street Address _____ Apt # _____ City _____ Zip _____

Mailing Address (if different) _____ City _____ Zip _____

Email _____

Phone _____ Alternate Phone _____

4. Estimated Family Size:

To establish family size for the purpose of determining federal poverty level, count all people who meet all of the following criteria:

- Living in the same household with the ECEAP child.
 - Exception: Do not include hosts of families temporarily sharing housing with relatives or others.
- Related to the parent(s) or legal guardian(s) by blood, marriage, or adoption.
 - Include the ECEAP child and the child's parent(s) in this count.
- Supported by the income of the parent(s) or legal guardian(s) of the ECEAP child.
 - Do not include household members age 19 or older who have earned or unearned income that covers half or more of their support.

For special rules to count family size when there is joint custody with no primary parent and no child support, see the ECEAP Performance Standards, section B.

Exception: For children in foster or kinship/relative care, count only the children in foster care or covered by a payment from the state or a tribe for kinship/relative care.

Household 1 - Estimated family size, using the instructions above _____

Household 2 (if applicable) - Estimated family size, using the instructions above _____

5. Parent Employment, Training, and Other Activities

Answer the following questions for each parent/guardian named in question #4	Parent/Guardian #1 Name _____	Parent/Guardian #2 Name _____
Is this parent/guardian employed ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, enter number of hours per week in paid work plus work-related travel.		
b. If yes, enter employer name and phone or email.		
Is this parent/guardian enrolled and attending school or job training ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, enter the total number of hours per week when school is in session. Include class time, up to 10 hours of study time, and travel time.		
b. If yes, enter name of school or training organization.		
c. If yes, enter goal or major.		
Is this parent/guardian in an approved WorkFirst activity other than employment, education or job training mentioned above?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, describe activity.		
b. If yes, enter number of hours per week in approved activity and related travel.		
Is family approved for child care through CPS, FAR, or similar tribal funds ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, enter number of approved hours per week.		

6. Estimated Family Income \$_____

Enter the estimated total annual income received by this child’s parent(s) or guardian(s) named in question 3 above.

7. How did you find out about ECEAP?

- DEL website Community event Flyer ECEAP employee Word of mouth
- Caseworker Media Community agency - Name of agency:_____
- Other - Describe other:_____

8. 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.
- Full School Day – about six hours, four or five days a week.
- Extended Day – available all day, all year, like a child care center.