



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

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

### Section 1: Child Information

Legal First Name	Middle Name	Legal Last Name
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Child Date of Birth _____	Nick Name _____	Gender Identity _____
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Is this child a member, or eligible for membership of a Federally Recognized Tribe of the USA?	Yes	No
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IEP - Is this child on an Individualized Education Program (IEP)?	Yes	No
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Child was determined eligible for special education services through evaluation by a school district or tribal school, but is waiting for IEP to be issued, or parent/guardian declined services.	Yes	No
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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
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Foster Care - Is this child in official foster care? <i>This means there is a caregiver authorization from a state or tribe that says this is a foster care placement</i>	Yes	No
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Kinship - Is this child in kinship care with a relative or suitable other, with or without a grant?	Yes	No
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Adopted after foster/kinship care - Was this child adopted after foster care, kinship care, or after living in an orphanage in another country ( <i>This does not include other adoptions</i> )?	Yes	No
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SNAP - Is this child from a family that is eligible for the US Department of Agriculture Supplemental Nutrition Assistance Program, or SNAP, called Basic Food in WA?	Yes	No
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Housing (select one)		
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- 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

### 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 English

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<br><hr/> <input type="checkbox"/> <b>Asian</b><br><input type="checkbox"/> Asian Indian<br><input type="checkbox"/> Bangladeshi<br><input type="checkbox"/> Bhutanese<br><input type="checkbox"/> Burmese<br><input type="checkbox"/> Cambodian/<br>Kampuchean<br><input type="checkbox"/> Chinese<br><input type="checkbox"/> Filipino<br><input type="checkbox"/> Hmong<br><input type="checkbox"/> Indonesian<br><input type="checkbox"/> Japanese<br><input type="checkbox"/> Korean<br><input type="checkbox"/> Laotian<br><input type="checkbox"/> Madagascar<br><input type="checkbox"/> Malayan<br><input type="checkbox"/> Maldivian<br><input type="checkbox"/> Mongolian<br><input type="checkbox"/> Nepali<br><input type="checkbox"/> Pakistani<br><input type="checkbox"/> Singaporean<br><input type="checkbox"/> Sri Lankan<br><input type="checkbox"/> Taiwanese<br><input type="checkbox"/> Thai<br><input type="checkbox"/> Vietnamese<br><input type="checkbox"/> Other Asian<br><hr/> | <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<br><hr/> | <input type="checkbox"/> <b>Native Hawaiian or Other<br/>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<br><hr/> |
|--|--|---|

Decline to report child's ethnicity  
Decline to report child's race

**Section 2: Family Contact Information**

<b>Contact 1:</b>	Relationship to Child:			
Parent or Guardian 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 or Guardian Birth Date:	

<b>Contact 3:</b>	Relationship to Child:
Parent or Guardian Birth Date:	

<b>Contact 4:</b>	Relationship to Child:
Parent or Guardian Birth Date:	

**Section 3: Child lives with**

- ☐ One parent/guardian (Name): \_\_\_\_\_ **Skip to section 4**
- ☐ 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 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: \_\_\_\_\_

#### Section 4: Estimated Family Size

To establish family size for the purpose of determining State Median Income (SMI), 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, PAO-46.

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 \_\_\_\_\_

### 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)		
<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</b> unable to work and unable to care for the child while the other parent works?	<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: Estimated Family Income

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

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### Section 7: 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 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.  
☐ School Day – about six hours, four or five days a week.  
☐ Working Day – available all day, all year, like a child care center.