Washington State Department of CHILDREN, YOUTH & FAMILIES

2025-2026 ECEAP Pre-screen & Application (Combined Form)

School Year Applying for: _____

Return to: _____

_____

Section 1: Child Information

Legal First Name | Middle Name | Legal Last Name

_____

Child Date of Birth _____ Nick Name _____ Gender Identity _____

Is this child a member, or eligible for membership, of a Federally Recognized Tribe of the US?	☐ Yes	☐ No
IEP - Is this child on an Individualized Education Program (IEP)?	☐ Yes	☐ No
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
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
SNAP - Is this child from a family who is eligible for the US Department of Agriculture Supplemental Nutrition Assistance Program or SNAP, called Basic Food in Washington?	☐ Yes	☐ No

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

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

- ☐ Argentinian
- ☐ Bolivian
- ☐ Chilean
- ☐ Colombian
- ☐ Costa Rican
- ☐ Cuban
- ☐ Dominican
- ☐ Ecuatorian (Ecuadorian)
- ☐ Guatemalan
- ☐ Honduran
- ☐ Mexican or Mexican-American (Chicano)
- ☐ Nicaraguan
- ☐ Panamanian
- ☐ Peruvian
- ☐ Puerto Rican
- ☐ Salvadoran
- ☐ Spanish
- ☐ Uruguayan
- ☐ Venezuelan
- ☐ Latin American
- ☐ Other *Hispanic or Latino*

_____

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

- ☐ **White**
- ☐ **Black or African American**
- ☐ **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 Islander**
  - ☐ Fijian
  - ☐ Guamanian
  - ☐ Kosraean
  - ☐ Mariana Islander
  - ☐ Marshall Islander
  - ☐ Melanesian
  - ☐ Micronesian
  - ☐ Native Hawaiian
  - ☐ Palauan
  - ☐ Papua New Guinean
  - ☐ Ponapean (Pohnpeian)
  - ☐ Samoan
  - ☐ Solomon Islander
  - ☐ Tahitian
  - ☐ Tarawa Islander
  - ☐ Tokelauan
  - ☐ Tongan
  - ☐ Trukese (Chuukese)
  - ☐ Vanuatuan/New Hebrides
  - ☐ Yapese
  - ☐ Other Pacific Islander

_____

- ☐ **Decline to report child's ethnicity**
- ☐ **Decline to report child's race**

Section 2: Household Members

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

For families temporarily living with relatives or others, do not list the hosts.

For families with two households when there is joint custody with no primary parent and no child support:

- Enter the household members for both households in the graph below.
- Mark members of the second household.
- Then, answer the questions about financial support and relationships.
  - ❖ ***Staff will use this information to calculate family size to determine State Median Income (SMI).***

First Name	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:			ECEAP Child	Yes	Yes
Parent/Guardian:				Yes	Yes
Parent/Guardian:				Yes	Yes

**Answer No for a person age 19 or older who has earned or unearned income that covers more than half of their expenses. Answer Yes if the ECEAP child's parents pay more than half of their expenses.*

For staff use only:
Family size for SMI chart _____
For children in foster care, kinship, or adopted after foster/kinship care or living in an orphanage in another country, count family size as 1. For all others, count people with Yes for both questions above.

Section 3: Family Contact Information				
Household 1:	Relationship to Child:			
Parent/Guardian Birth Date:	Do you need an interpreter to communicate with English speakers? ☐ Yes ☐ 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		
Contact 2:	Relationship to Child:			
Parent/Guardian Birth Date:				
Contact 3:	Relationship to Child:			
Parent/Guardian Birth Date:				
Contact 4:	Relationship to Child:			
Parent/Guardian Birth Date:				

Section 4: Child lives with

☐ One parent/guardian (Name): _____ ***Skip to section 5***

☐ Two parents/guardians in same household (Names):

_____ _____

_____ _____

☐ Two parents/guardians in two households

If this is checked, answer these questions to determine which parents' income is counted for ECEAP eligibility.

Does one household have primary legal custody? ☐ Yes ☐ No

If **yes**, which parent has primary custody? _____

Spouse of this parent, if any _____ ***Skip to section 5***

If **no**, ECEAP will count the income from the legal parent/guardian for each household. Do not include their spouses. Enter the legal parents' names here:

Household 1: Household 2:

Household 2:	Relationship to Child:			
Parent's Birth Date:	Do you need an interpreter to communicate with English speakers? ☐ Yes ☐ No If yes, what language(s) do you speak?			
Physical Address	Apt Number	City	State	Zip
Mailing Address	Apt Number	City	State	Zip
Email	Phone	Alternate Phone		

Section 5: Parent Employment, Training, and Other Activities

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

Do not count the same hours in more than one category. For example:

- Do not count the same hours of the week in both employment and WorkFirst.
- Do not count the same CPS child care hours separately for two parents

	Parent/Guardian #1 **Name**:	Parent/Guardian #2 **Name:**
Employed?	☐ Yes ☐ No	☐ Yes ☐ No
a. If yes, average paid hours per week		
b. If yes, enter employer name (don't enter unknown or N/A)		
In school or job training?	☐ Yes ☐ No	☐ Yes ☐ 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.		
Travel between child care and work/school?	☐ Yes ☐ No	☐ Yes ☐ No
a. If yes, hours per week (maximum 10)		
CPS/FAR/ICW child care hours not counted above?	☐ Yes ☐ No	☐ Yes ☐ No
a. Additional hours per week of child care approved by CPS		
Approved WorkFirst hours not counted above?	☐ Yes ☐ No	☐ Yes ☐ No
a. If yes, name of activity.		
b. If yes, total hours per week		
Disabled parent unable to work and unable to care for the child while the other parent works?	☐ Yes ☐ No	☐ 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 ☐ Community event ☐ Flyer ☐ ECEAP employee ☐ Word of mouth
☐ Caseworker ☐ Media ☐ Community agency - Name of agency: _____
☐ Other

Section 7: Survey for Statewide Planning

If you could choose the length of day for your child's preschool, which is best for your child and family?
Please note, these options may not all be available in your community this year.

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

Section 8: Household Situation

- Does your household receive subsidized housing, such as a housing voucher or cash assistance for housing?
  ☐ Yes ☐ No
- Does your household currently receive a Working Connections child care subsidy for this child?
  ☐ Yes ☐ No

Section 9: Income Received by Child's Parent(s) or Guardian(s)

For children in foster care, kinship care, or adopted after foster or kinship care, fill in this box and *skip to Section 10*

- Monthly grant or payment for foster care, kinship care, or adoption support $ _____
- Number of children covered by this grant or payment _____
- Case number or Client ID number, if any: _____
- Payment source (check): ☐ DSHS ☐ SSI ☐ Tribe ☐ Other _____

Did you receive income during the last calendar year or during the previous 12 months? ☐ Yes ☐ No

If no, provide the reason there is no income and explain how basic needs are met:

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

Select either: ☐ Previous calendar year ☐ Previous 12 months

Person(s) with Income	Type	Weekly Amount	# of Weeks Received	Monthly Amount	# of Months Received	Annual Amount
	W-2					$
	W-2					$
	Tax return (1040) or IRS transcript					$
	Tax return (1040) or IRS transcript					$
	Pay stubs for 12 months					$
	Pay stubs for 12 months					$
	Child Support received, if required by a child support order			$		$
	Disability income, including SSI			$		$
	Military Leave & Earnings Statement (LES). Count all pay and allowances except BAH, BAS, FSH, and HFP/IDP.			$		$
	Self-employment net income					$
	Social Security or other retirement benefits			$		$
	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			$		$

Do you still receive the income above? ☐ Yes ☐ No ***If yes, skip to section 10.***

If no, and your circumstances have recently changed, please explain:

_____

☐ Loss of wage earner ☐ Divorce or separation ☐ Unplanned job loss ☐ Reduced work hours
☐ Health/Injury ☐ Loss of benefits ☐ Similar unexpected circumstance (explain)
☐ Job loss - lack of access or ability to afford child care for newborn

_____

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

Section 10: Previous Enrollment

This child was previously enrolled in:

☐ 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 and toddler
☐ 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 IDEA Early Intervention program in another state.Name of state and provider:
☐ No previous early learning preschool enrollment

Section 11: IEP or Suspected Delay

☐ 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
☐ Deaf-blindness
☐ Developmental delay
☐ Emotional disturbance
☐ Hearing impairment
☐ Intellectual disability
☐ Multiple disabilities
☐ Orthopedic impairment
☐ Other health impairment
☐ Specific learning disability
☐ Speech or language impairment
☐ Traumatic brain injury
☐ Visual impairment

IEP Start Date _____ IEP End Date _____
What school district issued this child's IEP? _____

This child will receive IEP services:

☐ Within the ECEAP classroom only ☐ During ECEAP hours only, but outside the ECEAP classroom
☐ Outside ECEAP hours

Section 12:

Has this child been expelled from any early learning program or child care due to behavior? ☐ Yes ☐ No

ECEAP serves children with behavior issues. ***Checking yes will not exclude your child.***

Section 13: Additional Questions				
We use this information to choose the children who most need ECEAP. All responses will be kept confidential.				
Does this child have a household family member who has a chronic physical or mental health condition that: (*if yes select one*) • Severely impacts their ability to engage in work, school, or family life?	☐	Yes	☐	No
• Moderately impacts their ability to engage in work, school, or family life?	☐	Yes	☐	No
Does this child have a parent who was under age 18 when this child was born?	☐	Yes	☐	No
Does this child have a parent who: (if yes select one) • is a migrant or seasonal agricultural worker? (*51% or more of family income from agricultural work*)	☐	Yes	☐	No
• 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
If yes, which agency made the referral?				

Section 14: Parent Education Level – Check all that apply

Highest level of education	Parent/Guardian 1 Name _____	Parent/Guardian 2 Name _____
6th grade or less	☐	☐
7th to 12th grade, no diploma or GED	☐	☐
High school diploma or GED	☐	☐
Some college	☐	☐
Professional certificate (includes vocational schools)	☐	☐

Associates 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 ☐ Unknown

- Severely impacts child development or attendance?
- Moderately impacts child development or attendance? ☐ Yes ☐ No ☐ Unknown
  - ❖ If yes, please describe:

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

Does this child have medical insurance or coverage? ☐ Yes ☐ No ☐ Unknown

☐ Washington Apple Health for Kids/ Provider One Services Card

☐ Military Coverage ☐ Private Medical Insurance ☐ Tribal Coverage

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

- Name of clinic or provider: _____ Phone: _____
- Name of medical professional: _____

Did this child have a well-child exam within the last 12 months? ☐ Yes ☐ No ☐ Unknown

- ❖ Date of last well-child exam before applying for ECEAP: ☐ Date Unknown

Does this child have dental insurance or coverage? ☐ Yes ☐ No ☐ Unknown

☐ Washington Apple Health for Kids/ Provider One Services Card

☐ Military Coverage ☐ Private Dental Insurance ☐ Tribal Coverage

☐ ABCD (not available in all counties)

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

- Name of clinic or provider: _____ Phone: _____
- Name of dental professional: _____

Did this child have a dental screening within the last 6 months? ☐ Yes ☐ No ☐ Unknown

- ❖ Date of last dental screening before applying for ECEAP: Date Unknown ☐

Signature of Parent/Guardian

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

Print Name _____

Title _____

Signature _____ Date _____