



## **BJTELA Application**

**All applications are not complete until all supporting documents are provided.**

- \_\_\_\_\_ Application Complete
- \_\_\_\_\_ Copy of the Child’s Birth Certificate
- \_\_\_\_\_ Copy of the Child’s Tribal ID Card (if applicable)
- \_\_\_\_\_ Copy of the Child’s Most Recent Well Child Summary
- \_\_\_\_\_ Child’s Immunization Record
- \_\_\_\_\_ Copy of Child’s Insurance Card
- \_\_\_\_\_ Proof of Residency (Copy of utility bill, lease agreement, mortgage statement, etc.)

### **Check all that apply below:**

- \_\_\_\_\_ Family Experiencing Homelessness – **submit 3<sup>rd</sup> party verification**
- \_\_\_\_\_ Child is currently experiencing Foster Care or Relative Placement – **submit legal/court docs**
- \_\_\_\_\_ Family receives public assistance from SNAP, TANF, or SSI – **submit verification with name on it**

### **Please tell us how you found out about the Betty J. Taylor Early Learning Academy:**

- \_\_\_\_\_ Website      \_\_\_\_\_ Community Event      \_\_\_\_\_ Flyer      \_\_\_\_\_ Word of Mouth
- \_\_\_\_\_ Case Worker      \_\_\_\_\_ Community Agent      \_\_\_\_\_ Social Media
- \_\_\_\_\_ Employee of the BJTELA      \_\_\_\_\_ Other: \_\_\_\_\_







### Medical Information

Please indicate any diagnosed medical, biological or other diagnosed disabilities for which you or your child is receiving services. Please provide a copy of your child’s Individual Family Service Plan (IFSP), Individual Education Plan (IEP) or other proof of disability.

- ADHD/ADD
- Asthma
- Autism
- Communication Disorder
- Complications During Delivery
- Developmental Delay
- Development and Speech Concerns
- Diabetes
- Emotional/Behavioral Disorder
- Hearing Impairment
- Heart Condition
- Medical Diagnoses
- Orthopedic Impairment
- Premature Birth
- Seizure Disorder
- Traumatic Brain Injury
- Visual Impairment
- Other: \_\_\_\_\_

### Current Family Status

- Child Abuse or Neglect
- Child Protective Services (CPS)
- Death in the Family
- Divorce
- Domestic Violence
- Drug or Alcohol Abuse
- Family Assessment Response
- Homelessness
- Incarceration of Parent/Guardian
- Migrant Worker
- Military Development
- Other: \_\_\_\_\_

### Primary Health Coverage:

<input type="checkbox"/> Children’s Health Insurance Program
<input type="checkbox"/> Combines Medicaid/CHIP
<input type="checkbox"/> Medicaid
<input type="checkbox"/> No Insurance
<input type="checkbox"/> Other:
<input type="checkbox"/> Private Health Insurance
<input type="checkbox"/> State-Only Funded Insurance

### Primary Dental Coverage:

<input type="checkbox"/> Children’s Health Insurance Program
<input type="checkbox"/> Combines Medicaid/CHIP
<input type="checkbox"/> Medicaid
<input type="checkbox"/> No Insurance
<input type="checkbox"/> Other:
<input type="checkbox"/> Private Health Insurance
<input type="checkbox"/> State-Only Funded Insurance

### Household Information

#### Housing Assistance

Does this household receive subsidized housing, such as a housing voucher or cash assistance?  Yes  No  
 Does this household currently receive a working connections childcare subsidy for this child?  Yes  No

#### Address:

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Street Address	City	State	Zip

#### Mailing Address:

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Street Address	City	State	Zip





**MCKINNEY-VENTO DEFINITION OF HOMELESS 42 U.S.C. § 11434a(2)**

The term “homeless children and youth”—

A. means individuals who lack a fixed, regular, and adequate nighttime residence...; and

B. includes —

i. children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; or are abandoned in hospitals;

ii. children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings...;

iii. children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and

iv. migratory children...who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).

In a motel	A car, park, campsite, or similar location
In a shelter (Tulalip Homeless Shelter or local facility)	Transitional Housing (Housing Hope, CCS, Village of Hope)
Moving from place to place/couch surfing	Other:
In someone else’s house or apartment with another family <u>due to loss of housing/economic hardship</u>	
In a residence with inadequate facilities (no water, heat, electricity, etc.)	

Student is unaccompanied (not living with a parent or legal guardian)
Student is living with a parent or legal guardian

Name (First and Last):	Relationship to Applying Child:	D.O.B.	Gender	Race:
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				





## Parent/Guardian Information

Parent/Guardian 1	Parent/Guardian 2
Name: _____	Name: _____
Date of Birth: _____ Gender: _____	Date of Birth: _____ Gender: _____
Relationship to Child: _____	Relationship to Child: _____
Phone: _____	Phone: _____
Email: _____	Email: _____
<b><u>Are you Hispanic/Latino?</u></b>	<b><u>Are you Hispanic/Latino?</u></b>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b><u>Race:</u></b>	<b><u>Race:</u></b>
<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> American Indian or Alaskan Native
Tribal Affiliation: _____	Tribal Affiliation: _____
<input type="checkbox"/> Asian	<input type="checkbox"/> Asian
<input type="checkbox"/> African American	<input type="checkbox"/> African American
<input type="checkbox"/> Caucasian	<input type="checkbox"/> Caucasian
<input type="checkbox"/> Multi-racial/Biracial	<input type="checkbox"/> Multi-racial/Biracial
<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander
<input type="checkbox"/> Unspecified	<input type="checkbox"/> Unspecified
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____
<b><u>English Proficiency:</u></b>	<b><u>English Proficiency:</u></b>
<input type="checkbox"/> Proficient <input type="checkbox"/> Moderate <input type="checkbox"/> Little <input type="checkbox"/> None	<input type="checkbox"/> Proficient <input type="checkbox"/> Moderate <input type="checkbox"/> Little <input type="checkbox"/> None
<b><u>Other Language:</u></b> _____	<b><u>Other Language:</u></b> _____
Proficiency: <input type="checkbox"/> Proficient <input type="checkbox"/> Moderate <input type="checkbox"/> Little <input type="checkbox"/> None	Proficiency: <input type="checkbox"/> Proficient <input type="checkbox"/> Moderate <input type="checkbox"/> Little <input type="checkbox"/> None
<b><u>Are you Currently Working?</u></b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Are you Currently Working?</u></b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Working Full Time <input type="checkbox"/> Disabled	<input type="checkbox"/> Working Full Time <input type="checkbox"/> Disabled
<input type="checkbox"/> Working Part <input type="checkbox"/> Unemployed	<input type="checkbox"/> Working Part <input type="checkbox"/> Unemployed
<input type="checkbox"/> Seasonal Worker <input type="checkbox"/> Retired	<input type="checkbox"/> Seasonal Worker <input type="checkbox"/> Retired
<b><u>Are you Currently in School?</u></b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Are you Currently in School?</u></b> <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, which School are you attending/planning to attend? _____	If yes, which School are you attending/planning to attend? _____
<b><u>Education Level:</u></b>	<b><u>Education Level:</u></b>
<input type="checkbox"/> Grade 6 or less <input type="checkbox"/> Associate's Degree	<input type="checkbox"/> Grade 6 or less <input type="checkbox"/> Associate's Degree
<input type="checkbox"/> Grade 7-12, no diploma <input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> Grade 7-12, no diploma <input type="checkbox"/> Bachelor's Degree
<input type="checkbox"/> HS Graduate / GED <input type="checkbox"/> Master's Degree	<input type="checkbox"/> HS Graduate / GED <input type="checkbox"/> Master's Degree
<b><u>Active Military?</u></b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Active Military?</u></b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b><u>Military Veteran?</u></b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Military Veteran?</u></b> <input type="checkbox"/> Yes <input type="checkbox"/> No





**Were you referred by a Child Welfare Agency?**  Yes  No

**Receiving SNAP?**  Yes  No

**WIC?**  Yes  No **WIC ID:** \_\_\_\_\_

Does your child have any **allergies** or **ongoing medical concerns**? If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Will you be needing extended care services?**  Yes  No

Extended care is 7:30 – 8:30am and 3:30 – 5:00pm Monday through Thursday and 7:30am – 5:00pm Fridays.

## Affirmation Statement

Under penalty of perjury, I affirm that I am the parent/legal guardian of the child applying for the Betty J. Taylor Early Learning Academy and to the best of my knowledge, all of the information that I have provided is complete and correct. I understand that if I deliberately misrepresent my family circumstances, my family may not be eligible for further status.

\_\_\_\_\_  
Parent or Guardian Name & Signature Date: \_\_\_\_\_

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Staff Signature: \_\_\_\_\_ Date Received: \_\_\_\_\_

