

Early Learning Application Pointing Tool with Guidance

STAFF ONLY	Date received:	Site Name/ID:	❖ ELMS Prescreen Questions	<input type="checkbox"/> + <input type="checkbox"/> TOTAL	Child's Age	<p>ECEAP: ELMS will add up the <input type="checkbox"/> points and FSS will manually add up the <input type="checkbox"/> points.</p> <p>ECEAP/HS/EHS Total Points: The <input type="checkbox"/> + <input type="checkbox"/> = Total Points</p> <p>80 pts – If yes to either question. Community child or sibling currently enrolled at PSESD HS Full-Day Full-Year/EHS CB or CCP/ECEAP Extended Day</p>
	Date staff reviewed application with family:	HS/EHS ONLY - Date sent to PSESD:				
	Is this child a newborn taking the mother's slot? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, mother's name:	Is this child currently enrolled in a community slot at this center? <input type="checkbox"/> Yes <input type="checkbox"/> No Is this child's sibling currently enrolled in a community slot at this center? <input type="checkbox"/> Yes <input type="checkbox"/> No				

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 status.

CHILD INFORMATION	Child Information			
	❖ First Name:	Middle Initial:	Last Name:	
	❖ Date of Birth: ___/___/___ Month/Day/Year Please include proof of birth date with this application	❖ Gender:		ECEAP/HS Age by August 31: 35 pts – 4 years 0 pts – 3 years old
Collecting the information below helps us to determine the most culturally appropriate services and supports unique to your child and family.			EHS Age by August 31: See <i>ERSEA Procedure</i> for how to transition an EHS child to HS or ECEAP 5 pts – 0-6 mos 2 pts – 19-24 mos 4 pts – 7-12 mos 1 pt. – 25-30 mos 3 pts – 13-18 mos 0 pts – 31-35 mos	
❖ What is your child's home language? _____			3 pts – Child is a Dual Language Learner (DLL) which means the child is learning two languages: home language & English. (May also receive 3 pts for Needs Interpreter & 8 pts for Recent Immigrant/Refugee)	
❖ Is your child Hispanic/Latino? <input type="checkbox"/> Yes - Please describe or write the country of origin: _____ <input type="checkbox"/> No			See opportunity gap pts. on next page.	

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CHILD INFORMATION

- ❖ What is your child's race? Check all that apply:
 - African/African American/Black
 - Please describe or write the tribe/country of origin: _____
 - Asian
 - Please describe or write the tribe/country of origin: _____
 - Alaska Native/Native American/American Indian
 - Please describe or write the tribe/country of origin: _____
 - Native Hawaiian or Pacific Islander
 - Please describe or write the tribe/country of origin: _____
 - White
 - Please describe or write the tribe/country of origin: _____

If not listed above, please describe your child's heritage: _____

Note: Info collected on application is for ELMS & PIR. *Race and Ethnicity Form* will be used at Enrollment

8 pts – Child is of a race or ethnic group identified in the Opportunity Gap* (Black/African American, Hispanic/Latino, Native American/Alaska Native, Hawaiian/Pacific Islander). If the child is bi-racial or multi-racial heritage, the parent must identify the child as one of the above.
 (Immigrant/Refugees who are **not** in the Opp Gap may receive 8 pts in Family Information Section.)

*Opportunity Gap: Access gaps that arise from the inequities in the education system that pose as barriers to student academic success. All students can succeed, but they need highly effective teachers, culturally responsive curriculum, materials, academic and social support – resources that are often missing today for student of color.

- Has your child previously attended any of these programs?
- | | |
|--|---|
| <input type="checkbox"/> Birth-to-3 Home Visiting Program | <input type="checkbox"/> Head Start |
| <input type="checkbox"/> Early Support for Infants and Toddlers (ESIT) | <input type="checkbox"/> Migrant/Seasonal Head Start anywhere in Washington |
| <input type="checkbox"/> Early Head Start | <input type="checkbox"/> ECEAP |
| <input type="checkbox"/> Parents as Teachers | <input type="checkbox"/> No |

When did your child last attend? _____ Name & location of program: _____

1000 pts – If child previously attended a PSESD or EHS Children's Home Society (CHS) program. (Use and point *Returning Child Form* for child returning for the next program year)

OR

3 pts – Child previously attended a non-PSESD or non-CHS program.

- ❖ Is your child in official foster/kinship care? (A caregiver authorization from a state or tribe that says child is a foster/kinship placement)
 - Yes No
 - Has your child been in foster/kinship care in the past? Yes No

Has your child ever been asked to leave a childcare center or preschool because of behavior issues? Yes No

100 pts – Currently in official foster/kinship placement. See *ERSEA Procedure* for more guidance.
 (Give points **only** when no other 100 pts have been given.)

3 pts – Child had **past** experience in official foster or kinship care.

3pts – If child was asked to leave, share with teachers so they can work with family to ensure success in classroom.
 (May also receive 3 pts for Behavior Concerns [later in section], if behavior is different or seen in other settings.)

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<p>Has your child experienced abuse or neglect? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<input type="checkbox"/>	<p>3pts – Parents may not disclose initially. If parent shares, consider how to support the family and what supports may be useful in the classroom.</p>
<p>Has your child been diagnosed by a Health Care Provider with one or more serious/chronic health conditions, such as asthma, diabetes, seizures, heart condition, or life-threatening allergies?</p> <p><input type="checkbox"/> Yes – Please describe: _____ <input type="checkbox"/> No</p>	<input type="checkbox"/> <input type="radio"/>	<p>6 total pts available: 3 pts – 1 condition* + 3 pts – more than 1 condition Chronic is defined as an ongoing health condition that is not cured by medication or surgery. Serious is defined as a potentially life-threatening condition.</p>

CHILD INFORMATION	<p>Child Information</p> <p>Do you suspect that your child has a developmental delay or disability? <input type="checkbox"/> Yes - Please describe: _____ <input type="checkbox"/> No</p> <p>Does your child have a current Individual Family Service Plan (IFSP) or Individual Educational Plan (IEP)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please answer the following questions and include a copy of the IFSP or IEP with this application</p> <ul style="list-style-type: none"> ➤ Please check all categories of the IEP/IFSP: <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Autism</td> <td><input type="checkbox"/> Intellectual disability</td> <td><input type="checkbox"/> Specific learning disability</td> </tr> <tr> <td><input type="checkbox"/> Deaf-blindness</td> <td><input type="checkbox"/> Multiple disabilities</td> <td><input type="checkbox"/> Speech/language impairment</td> </tr> <tr> <td><input type="checkbox"/> Developmental delay</td> <td><input type="checkbox"/> Orthopedic impairment</td> <td><input type="checkbox"/> Traumatic brain injury</td> </tr> <tr> <td><input type="checkbox"/> Emotional disturbance</td> <td><input type="checkbox"/> Other health impairment</td> <td><input type="checkbox"/> Visual impairment</td> </tr> <tr> <td><input type="checkbox"/> Hearing impairment</td> <td></td> <td></td> </tr> </table> ➤ Is Special Ed Preschool or Birth-to-3 program available/easily accessible to you? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know 	<input type="checkbox"/> Autism	<input type="checkbox"/> Intellectual disability	<input type="checkbox"/> Specific learning disability	<input type="checkbox"/> Deaf-blindness	<input type="checkbox"/> Multiple disabilities	<input type="checkbox"/> Speech/language impairment	<input type="checkbox"/> Developmental delay	<input type="checkbox"/> Orthopedic impairment	<input type="checkbox"/> Traumatic brain injury	<input type="checkbox"/> Emotional disturbance	<input type="checkbox"/> Other health impairment	<input type="checkbox"/> Visual impairment	<input type="checkbox"/> Hearing impairment			<p><input type="checkbox"/></p> <p>Give points for only one: 4 pts – suspected or diagnosed disability, no IEP or IFSP* OR 5 pts – Current IFSP or IEP is speech/language only OR 6 pts – Current IFSP or IEP: - not speech/language only - no public preschool/birth-3 program available/easily accessible (give 6pts if “I don’t know”) OR 4 pts – Current IFSP or IEP: - not speech/language only - public preschool/birth-3 program available</p> <p>*IFSP - Individualized Family Service Plan for a child birth to age 3 with diagnosed disability. IEP - Individualized Educational Plan for a child age 3 and older, with diagnosed disability.</p>
<input type="checkbox"/> Autism	<input type="checkbox"/> Intellectual disability	<input type="checkbox"/> Specific learning disability															
<input type="checkbox"/> Deaf-blindness	<input type="checkbox"/> Multiple disabilities	<input type="checkbox"/> Speech/language impairment															
<input type="checkbox"/> Developmental delay	<input type="checkbox"/> Orthopedic impairment	<input type="checkbox"/> Traumatic brain injury															
<input type="checkbox"/> Emotional disturbance	<input type="checkbox"/> Other health impairment	<input type="checkbox"/> Visual impairment															
<input type="checkbox"/> Hearing impairment																	

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CHILD INFORMATION	<p>Do you have concerns about your child's health and development? Check all that apply:</p> <p><input type="checkbox"/> Low birth weight (less than 5.8 lbs.) <input type="checkbox"/> Mental health – Please describe: _____ <input type="checkbox"/> Behavior – Please describe: _____</p>	<p><input type="checkbox"/> Total the points: 1 pt. – Low birth weight 3 pts – Mental health (May also receive 3 pts for Household Mental Illness, if mental illness is other than the child.) 3 pts – Behavior (May also receive 3 pts for Asked to Leave Child Care.)</p> <p>Health and development info is collected to help understand the potential needs of the child and consider supports. More health information is gathered at enrollment.</p>	
	<p><input type="checkbox"/> Hearing <input type="checkbox"/> Food intolerance/special diet – Please describe: _____ <input type="checkbox"/> Speech/language <input type="checkbox"/> Vision <input type="checkbox"/> Fine motor/gross motor <input type="checkbox"/> Tooth pain/decay/bleeding gums <input type="checkbox"/> Other – Please specify: _____ <input type="checkbox"/> Drug/alcohol affected</p>		
	<p>Does this child have medical insurance? <input type="checkbox"/> Yes – What type? > <input type="checkbox"/> Washington Apple Health/ProviderOne <input type="checkbox"/> Private Insurance <input type="checkbox"/> Tribal or Military Medical Coverage <input type="checkbox"/> No</p>		<p><input type="checkbox"/> 1 pt. – Child has no medical insurance</p>
	<p>Does this child have a regular doctor or medical clinic? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		<p><input type="checkbox"/> 1 pt. – Child has no doctor or medical home</p>
	<p>Did this child have a well-child exam within the last 12 months? <input type="checkbox"/> Yes – Date of last exam: ____/____/____ <input type="checkbox"/> Date Unknown <input type="checkbox"/> No</p>		<p><input type="checkbox"/> 1 pt. – Child has no dental insurance</p>
<p>Does this child have dental insurance? <input type="checkbox"/> Yes – What type? > <input type="checkbox"/> Washington Apple Health/ProviderOne <input type="checkbox"/> Private Insurance <input type="checkbox"/> Tribal or Military Dental Coverage <input type="checkbox"/> No</p>	<p><input type="checkbox"/> 1 pt. – Child has no dentist or dental home</p>		
<p>Does this child have a regular dentist or dental clinic? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
<p>Did this child have a dental screening in the last 6 months? <input type="checkbox"/> Yes – Date of last screening: ____/____/____ <input type="checkbox"/> Date Unknown <input type="checkbox"/> No</p>			

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FAMILY INFORMATION	Family Information	Parent/Guardian 1	Parent/Guardian 2	
	❖ Name:			No points
	❖ Relationship to Child:	<input type="checkbox"/> Biological/Adopted/Stepparent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Other Relative <input type="checkbox"/> Other	<input type="checkbox"/> Biological/Adopted/Stepparent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Other Relative <input type="checkbox"/> Other	No points (Info for ELMS & PIR)
	❖ Date of Birth: How old were you when this child was born?	____/____/____ Month/Day/Year _____	____/____/____ Month/Day/Year _____	<input type="checkbox"/> 2 pts – One or both parent/guardian were under the age of 18 when child was born
	❖ Address:			No points
	❖ 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 Address:			
❖ Do you need an interpreter? ❖ What language(s) do you speak?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____	<input type="checkbox"/> Yes <input type="checkbox"/> No _____	<input type="checkbox"/> 3 pts – One or both parent/guardian needs interpreter. Some may say “no” because they speak a fair amount of English. You may share with them that we often use academic language in conferences, parent events, etc. so an interpreter can be very helpful. Asking their language recognizes the importance of their language and helps prepare for interpreter needs. (May also receive 3 pts for Recent Immigrant/Refugee.)	

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FAMILY INFORMATION	Family Information	Parent/Guardian 1	Parent/Guardian 2											
	<p>Did you get a GED or high school diploma?</p> <p>What is the highest degree you completed?</p>	<input type="checkbox"/> GED <input type="checkbox"/> High School Diploma <input type="checkbox"/> None - What is the highest grade you completed? _____	<input type="checkbox"/> GED <input type="checkbox"/> High School Diploma <input type="checkbox"/> None - What is the highest grade you completed? _____	<p>Give points for only <u>one</u> parent: If applicable to two parents/guardians, select points only the lowest grade.</p> <p>5 pts – less than 6th grade education 3 pts – 7-12th grade with no diploma</p> <p>(Highest degree: info for ELMS & PIR)</p>										
	<p>❖ Are you currently employed?</p> <p>❖ Are you currently in job training or school?</p> <p>❖ Are you in an approved WorkFirst activity?</p>	<input type="checkbox"/> Yes – How many hours per week? _____ <input type="checkbox"/> No <input type="checkbox"/> Retired/Disabled <input type="checkbox"/> Seasonal	<input type="checkbox"/> Yes – How many hours per week? _____ <input type="checkbox"/> No <input type="checkbox"/> Retired/Disabled <input type="checkbox"/> Seasonal	<p>No points (Info for ELMS & PIR)</p>										
	<p>Are you on active U.S. military duty?</p> <p>Are you a member of a National Guard or Military Reserve unit?</p> <p>Are you a U.S. military veteran?</p>	<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	<p>No points (Info for ELMS & PIR)</p>										
	<p>Please check areas of concern that you have for yourself/family in your household that we may be able to assist you with:</p>													
	<table border="0"> <tr> <td><input type="checkbox"/> Previously homeless (in the last 12 months) – 3 pts</td> <td><input type="checkbox"/> Household mental illness/counseling, include maternal depression – 3 pts*</td> </tr> <tr> <td><input type="checkbox"/> Child's parent/guardian is disabled – 2 pts*</td> <td><input type="checkbox"/> Child's parent/guardian is a migrant worker – 1 pt.</td> </tr> <tr> <td><input type="checkbox"/> Child's parent/guardian is currently deployed to a combat zone, or was within the last 12 months – 3 pts</td> <td><input type="checkbox"/> Household domestic violence (past or current) – 4pts</td> </tr> <tr> <td><input type="checkbox"/> Child's parent/guardian is incarcerated – 4 pts</td> <td><input type="checkbox"/> Household drug/alcohol issues or substance abuse – 3 pts</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Family has little or no support from other family or friends – 2 pts</td> </tr> </table>			<input type="checkbox"/> Previously homeless (in the last 12 months) – 3 pts	<input type="checkbox"/> Household mental illness/counseling, include maternal depression – 3 pts*	<input type="checkbox"/> Child's parent/guardian is disabled – 2 pts*	<input type="checkbox"/> Child's parent/guardian is a migrant worker – 1 pt.	<input type="checkbox"/> Child's parent/guardian is currently deployed to a combat zone, or was within the last 12 months – 3 pts	<input type="checkbox"/> Household domestic violence (past or current) – 4pts	<input type="checkbox"/> Child's parent/guardian is incarcerated – 4 pts	<input type="checkbox"/> Household drug/alcohol issues or substance abuse – 3 pts		<input type="checkbox"/> Family has little or no support from other family or friends – 2 pts	<p>Total all <input checked="" type="checkbox"/> points: *Additional info on a few items Disabled: (May also receive 100 pts if parent is receiving SSI.) Mental Illness: May include grief and loss, does not include child (May also receive 3 related pts for Child's Mental Health)</p>
<input type="checkbox"/> Previously homeless (in the last 12 months) – 3 pts	<input type="checkbox"/> Household mental illness/counseling, include maternal depression – 3 pts*													
<input type="checkbox"/> Child's parent/guardian is disabled – 2 pts*	<input type="checkbox"/> Child's parent/guardian is a migrant worker – 1 pt.													
<input type="checkbox"/> Child's parent/guardian is currently deployed to a combat zone, or was within the last 12 months – 3 pts	<input type="checkbox"/> Household domestic violence (past or current) – 4pts													
<input type="checkbox"/> Child's parent/guardian is incarcerated – 4 pts	<input type="checkbox"/> Household drug/alcohol issues or substance abuse – 3 pts													
	<input type="checkbox"/> Family has little or no support from other family or friends – 2 pts													

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- Other house members no medical/dental insurance – **1 pt.**
- Other house members no medical/dental home – **1 pt.**
- Child’s parent/guardian has health concerns – **3 pts***
- Child’s parent/guardian has learning difficulties – **2 pts***
- Getting or keeping a job – **2 pts**
- Concerns with housing – **2 pts***
- Legal concerns – **2 pts***
- Recent immigrant/refugee (past 5 years) – **8 pts***

- ❖ Child lives with:
 - One parent/guardian
 - Two parents/guardians in same household
 - Two parents/guardians in two households – Does one household have primary legal custody?
 - Yes – Which parent has primary custody? _____
 - No – Does one parent receive child support payments from the other household?
 - Yes – Which parent receives the child support payments? _____
 - No

Total all points:
*** Additional info on a few items**
Health concerns: See definition of chronic/serious in Child Info
Learning difficulties: Point if learning difficulty is not related to points given for disability
Concerns with housing: Substandard, costly, small, etc.
 (May also receive 100 related pts for Homeless)
Legal concerns: May include immigration status if disclosed as a concern.
Recent (5 years) immigrant/ refugee: Families who do not get Opp Gap points.
Six total pts available:
 3 pts – One parent/guardian with one child in the home
 +
 3 pts – Add 3 additional pts if the one parent above has more than one child in the home (use table below to determine # of children in home) See ERSEA Procedure for counting family size in two households.

❖ Please list other people living in your home. Do not include yourself or your child.
If you need more space, write on a separate piece of paper and include with your application.

Name (First and Last)	Birthdate	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

FAMILY INFORMATION

FAMILY INFORMATION	Family Information	<input type="checkbox"/>	<p>100 pts – If yes and the person receives payment, give foster care points. See <i>ERSEA Procedure</i> for more guidance. (Give points only when no other 100 pts have been given.)</p> <p>OR</p> <p>100 pts – Homeless points can be given to children in unofficial kinship care* through the McKinney-Vento definition of an “unaccompanied child.” If the person does not receive a payment on behalf of the child, or have other legal paperwork, but is acting on behalf of the child as a guardian, this person is considered a guardian of the child. The guardian is not a parent or step-parent, therefore the child is considered “unaccompanied” and is homeless. See <i>ERSEA Procedure</i> for more guidance. (Give points only when no other 100 pts have been given.)</p> <p>*Unofficial kinship care – child is living with someone other than bio-parent, step-parent, or foster parent</p> <p>See <i>Eligibility Verification Form (EVF)</i> – Authority to Enroll section for documents required to enroll unofficial kinship care.</p>
	<p>❖ Does this child live with a guardian who is not their parent or foster parent?</p> <ul style="list-style-type: none"> ➢ <input type="checkbox"/> Yes <ul style="list-style-type: none"> ➢ Does this person receive a state, tribal, or SSI payment on behalf of the child? <input type="checkbox"/> Yes <input type="checkbox"/> No ➢ <input type="checkbox"/> No 	<input type="checkbox"/>	
	<p>Do you, your child, or another member of your family receive these types of income? Check all that apply:</p> <p><input type="checkbox"/> TANF <ul style="list-style-type: none"> ➢ Is it for child only? <input type="checkbox"/> Yes <input type="checkbox"/> No ➢ Do you have a Working Connections Child Care Subsidy? <input type="checkbox"/> Yes <input type="checkbox"/> No </p> <p><input type="checkbox"/> Supplemental Security Income (SSI) for disability Person’s relationship to child: _____</p> <p><input type="checkbox"/> Foster Child Income</p>	<input type="checkbox"/>	<p>100 pts – Currently receiving SSI/TANF. See <i>ERSEA Procedure</i> for more guidance on Public Assistance. (Give points only when no other 100 pts have been given.)</p>

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FAMILY INFORMATION	❖ Total estimated household income for the last calendar year or the last 12 months: _____ Please include proof of income and family size with this application.											<input type="checkbox"/> Use the Federal Poverty Level (FPL) chart to determine income points. The chart shows the MAXIMUM income amount for each % FPL. For example, if the family has a total income of \$14,000 per year for a family size of 2, they would receive 50 pts because it is more than the maximum of 50% FPL and less than the maximum of 80%.
	MAXIMUM ANNUAL INCOME FROM ALL SOURCES											
	Percent FPL	< 50%	50% FPL	80%	100% (HS/EHS LIMIT)	110% (ECEAP LIMIT)	130%	185%	200%	250%	300%	
	Points	65 pts	60 pts	50 pts	50 pts	50 pts	40 pts	35 pts	20 pts	15 pts	10 pts	
	FAMILY SIZE	1	\$4,856	\$6,070	\$9,712	\$12,140	\$13,354	\$15,782	\$22,459	\$24,280	\$30,350	\$36,420
		2	\$9,176	\$10,390	\$14,032	\$16,460	\$17,674	\$20,102	\$26,779	\$28,600	\$34,670	\$40,740
		3	\$13,496	\$14,710	\$18,352	\$20,780	\$21,994	\$24,422	\$31,099	\$32,920	\$38,990	\$45,060
		4	\$17,816	\$19,030	\$22,672	\$25,100	\$26,314	\$28,742	\$35,419	\$37,240	\$43,310	\$49,380
		5	\$22,136	\$23,350	\$26,992	\$29,420	\$30,634	\$33,062	\$39,739	\$41,560	\$47,630	\$53,700
		6	\$26,456	\$27,670	\$31,312	\$33,740	\$34,954	\$37,382	\$44,059	\$45,880	\$51,950	\$58,020
7		\$30,776	\$31,990	\$35,632	\$38,060	\$39,274	\$41,702	\$48,379	\$50,200	\$56,270	\$62,340	
8		\$35,096	\$36,310	\$39,952	\$42,380	\$43,594	\$46,022	\$52,699	\$54,520	\$60,590	\$66,660	
For families/households with more than 8 persons, add \$4,320 for each additional person.												
❖ 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											<input type="checkbox"/> 100 pts – Currently receiving services through CPS or FAR or ICW (Give points only when no other 100 pts have been given.)	
❖ Is your family currently approved for child care through CPS or FAR? <input type="checkbox"/> Yes – Number of approved hours per week: _____ <input type="checkbox"/> No											<input type="checkbox"/> 6 pts – CPS or ICW in the past. (Not FAR)	
❖ Has your family received services from CPS or ICW in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No											<input type="checkbox"/> If <input checked="" type="checkbox"/> other, review <i>Housing Questionnaire</i> . 100 pts if meets McKinney-Vento definition of homeless (see definition on <i>Housing Questionnaire</i> or in <i>ERSEA Procedure</i>) (Give points only when no other 100pts have been given.)	
❖ What is your family's current housing situation? <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other – If this is checked, please complete the attached <i>Housing Questionnaire</i>											<input type="checkbox"/> 1 pt. – Community agency/caseworker referrals such as DSHS, medical/dental, homeless organizations, CPS, etc.	
Does this household receive subsidized housing, such as a housing voucher or cash assistance for housing? <input type="checkbox"/> Yes <input type="checkbox"/> No												
❖ How did you learn about our program? Check all that apply: <input type="checkbox"/> Website <input type="checkbox"/> Community event <input type="checkbox"/> Flyer <input type="checkbox"/> Media <input type="checkbox"/> Word of mouth <input type="checkbox"/> Site staff <input type="checkbox"/> Past parent <input type="checkbox"/> Community agency/caseworker – Please specify: _____ <input type="checkbox"/> Other – Please specify: _____												

I have answered the questions to the best of my knowledge and have provided the requested documentation that I have available.

Parent/Guardian Signature: _____ Date: _____ (ECEAP Staff: Enter this date in ELMS)