

## How to Apply for Puget Sound ESD Early Learning Programs

Welcome!

Please complete one application packet per child and attach the requested documents.

Your information is confidential. We do not require, check on, or report on immigration status.

Eligibility to our programs is determined by child's age and family income, not by the date you applied.

Our programs fill up fast, so please apply as soon as you can!



Contact us if you need help to complete the application, or if you do not have all of the requested documents.

Please follow the steps below:



Fill out the application form using a black or blue pen.

Attach a copy of your child's proof of birth date.

Attach a copy of your proof of legal guardianship.

Attach a copy of your proof of family income.

Attach a copy of proof of family size.

**Use one of these:**

- Birth Certificate
- Passport/Visa
- Adoption Papers
- Foster Care Authorization Letter
- Current Immunization Record

**Use one of these:**

- Birth Certificate
- Passport/Visa
- Adoption Papers
- Foster Care Record
- Written agreement signed and dated by parent and person assuming custodial responsibility

**Use all that apply:**

- Last year's Income Tax Return
- Last year's W-2 Form
- Pay stubs from the last 12 months
- SSI/TANF benefits letters from the last 12 months
- Foster care grant
- Child support
- Employer letter stating your total gross income from the last 12 months

**Use one of these:**

- Last year's Income Tax Return
- Housing Lease



Call our office if you receive other types of income, not listed above.



Return your completed application and documents to:

Address:

Phone Number:

It would be helpful to also include a copy of your child's current immunization record.

If your child has a current IFSP/IEP, please attach a copy to your application, as well.

**Please make sure that your proof of income is included. We cannot process your application without this information.**

Remember to return your completed application as soon as possible! Thank you for choosing our Early Learning Programs!

# Early Learning Application 2018-2019

<b>STAFF ONLY</b>	Date received:	Site Name/ID:	❖ ELMS Prescreen Questions	<input type="checkbox"/> + <input type="checkbox"/> <b>TOTAL</b> <b>112</b>	Child's Age <b>4</b>
	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		<input type="radio"/>	

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.

<b>CHILD INFORMATION</b>	<b>Child Information</b>			
	❖ First Name: <u>Khalid</u>	Middle Initial: _____	Last Name: <u>Ahmed</u>	
	❖ Date of Birth: <u>7/29/14</u> Month/Day/Year Please include proof of birth date with this application	❖ Gender: <u>Male</u>		<b>35</b>
	Collecting the information below helps us to determine the most culturally appropriate services and supports unique to your child and family.			<b>3</b>
	❖ What is your child's home language? <u>Arabic</u>			
	❖ Is your child Hispanic/Latino? <input type="checkbox"/> Yes - Please describe or write the country of origin: _____ <input checked="" type="checkbox"/> No			
	❖ What is your child's race? Check all that apply: <input type="checkbox"/> African/African American/Black ➤ Please describe or write the tribe/country of origin: _____ <input type="checkbox"/> Asian ➤ Please describe or write the tribe/country of origin: _____ <input type="checkbox"/> Alaska Native/Native American/American Indian ➤ Please describe or write the tribe/country of origin: _____ <input type="checkbox"/> Native Hawaiian or Pacific Islander ➤ Please describe or write the tribe/country of origin: _____ <input type="checkbox"/> White ➤ Please describe or write the tribe/country of origin: _____  If not listed above, please describe your child's heritage: <u>Afghanistan</u>			
	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 checked="" type="checkbox"/> No			
	When did your child last attend? _____ Name and location of 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) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No ➤ Has your child been in foster/kinship care in the past? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Has your child ever been asked to leave a childcare center or preschool because of behavior issues? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Has your child experienced abuse or neglect? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
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? <input type="checkbox"/> Yes - Please describe: _____ <input checked="" type="checkbox"/> No				

CHILD INFORMATION	<b>Child Information</b>			
	Do you <b>suspect</b> that your child has a developmental delay or disability? <input checked="" type="checkbox"/> <b>Yes</b> – Please describe: <u>Doesn't speak well</u> <span style="float: right;"><input type="checkbox"/> No</span>			
	Does your child have a current Individual Family Service Plan (IFSP) or Individual Education Plan (IEP)? <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> No <b>If yes, please answer the following questions and include a copy of the IFSP or IEP with this application</b>			
	➤ Please check all categories of the IEP/IFSP:			<b>5</b>
	<input type="checkbox"/> Autism <input type="checkbox"/> Deaf-blindness <input type="checkbox"/> Developmental delay <input type="checkbox"/> Emotional disturbance <input type="checkbox"/> Hearing impairment	<input type="checkbox"/> Intellectual disability <input type="checkbox"/> Multiple disabilities <input type="checkbox"/> Orthopedic impairment <input type="checkbox"/> Other health impairment	<input type="checkbox"/> Specific learning disability <input checked="" type="checkbox"/> <b>Speech/language impairment</b> <input type="checkbox"/> Traumatic brain injury <input type="checkbox"/> Visual impairment	
➤ Is Special Ed Preschool or Birth-to-3 Program available/easily accessible to you? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>I don't know</b>				
Do you have concerns about your child's health and development? Check all that apply:				
<input type="checkbox"/> Low birth weight (less than 5.8 lbs.) <input type="checkbox"/> Hearing <input type="checkbox"/> Vision <input type="checkbox"/> Tooth pain/decay/bleeding gums <input type="checkbox"/> Drug/alcohol affected	<input checked="" type="checkbox"/> <b>Mental health</b> – Please describe: <u>Trauma</u> <input type="checkbox"/> Food intolerance/special diet – Please describe: _____ _____	<input type="checkbox"/> Behavior – Please describe: _____ <input checked="" type="checkbox"/> <b>Speech/language</b> <input type="checkbox"/> Fine motor/gross motor <input type="checkbox"/> Other – Please specify: _____	<b>3</b>	
Does this child have medical insurance? <input checked="" type="checkbox"/> <b>Yes</b> – 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				
Does this child have a regular doctor or medical clinic? <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> No				
Did this child have a well-child exam within the last 12 months? <input checked="" type="checkbox"/> <b>Yes</b> – Date of last exam: ___/___/___ <input checked="" type="checkbox"/> <b>Date Unknown</b> <input type="checkbox"/> No				
Does this child have dental insurance? <input checked="" type="checkbox"/> <b>Yes</b> – 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				
Does this child have a regular dentist or dental clinic? <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> No				
Did this child have a dental screening in the last 6 months? <input checked="" type="checkbox"/> <b>Yes</b> – Date of last screening: ___/___/___ <input checked="" type="checkbox"/> <b>Date Unknown</b> <input type="checkbox"/> No				

FAMILY INFORMATION	<b>Family Information</b>		<b>Parent/Guardian 1</b>	<b>Parent/Guardian 2</b>
	❖ Name:	<u>Torab Ahmed</u>		
	❖ Relationship to Child:	<input checked="" type="checkbox"/> <b>Biological/Adopted/Foster Parent</b> <input type="checkbox"/> Stepparent <input type="checkbox"/> Grandparent <input type="checkbox"/> Other Relative <input type="checkbox"/> Other		<input type="checkbox"/> Biological/Adopted/Foster Parent <input type="checkbox"/> Stepparent <input type="checkbox"/> Grandparent <input type="checkbox"/> Other Relative <input type="checkbox"/> Other
	❖ Date of Birth:	<u>12/8/1987</u> Month/Day/Year		____/____/____ Month/Day/Year
	How old were you when this child was born?	<u>27</u>		_____
	❖ Address:	<u>800 Oakesdale Ave SW</u> <u>Renton, WA 98057</u>		
	❖ Phone:	<u>(530) 567-8375</u> <input type="checkbox"/> Home <input checked="" 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:	<u>Ahmedm@gmail.com</u>			

Family Information	Parent/Guardian 1	Parent/Guardian 2	
<ul style="list-style-type: none"> <li>❖ Do you need an interpreter?</li> <li>❖ What language(s) do you speak?</li> </ul>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  Arabic, English	<input type="checkbox"/> Yes <input type="checkbox"/> No  _____	3
Did you get a high school diploma or GED?  What is the highest <b>degree</b> you completed?	<input type="checkbox"/> GED <input checked="" type="checkbox"/> <b>High school diploma</b> <input type="checkbox"/> None – What is the highest <b>grade</b> you completed? _____  <input type="checkbox"/> Some college/advanced training <input type="checkbox"/> College degree/professional certificate <input type="checkbox"/> Associate degree <input checked="" type="checkbox"/> <b>Bachelor’s degree</b> <input type="checkbox"/> Master’s degree <input type="checkbox"/> None	<input type="checkbox"/> GED <input type="checkbox"/> High school diploma <input type="checkbox"/> None – What is the highest <b>grade</b> you completed? _____  <input type="checkbox"/> Some college/advanced training <input type="checkbox"/> College degree/professional certificate <input type="checkbox"/> Associate degree <input type="checkbox"/> Bachelor’s degree <input type="checkbox"/> Master’s degree <input type="checkbox"/> None	
<ul style="list-style-type: none"> <li>❖ Are you currently employed?</li> <li>❖ Are you currently in job training or school?</li> </ul>	<input checked="" type="checkbox"/> <b>Yes</b> – How many hours per week? <b>40</b> <input type="checkbox"/> No <input type="checkbox"/> Retired/Disabled <input type="checkbox"/> Seasonal  <input type="checkbox"/> Yes – How many hours per week? _____ <input checked="" type="checkbox"/> <b>No</b>	<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	
<ul style="list-style-type: none"> <li>❖ Are you in an approved WorkFirst activity?</li> </ul>	<input type="checkbox"/> Yes – Describe the activity and number of approved hours per week: _____  <input checked="" type="checkbox"/> <b>No</b>	<input type="checkbox"/> Yes – Describe the activity and number of approved hours per week: _____  <input type="checkbox"/> No	
Are you on active U.S. military duty?  Are you a member of a National Guard or Military Reserve unit?  Are you a U.S. military veteran?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> <b>No</b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> <b>No</b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> <b>No</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please check areas of concern that you have for <b>yourself/family in your household</b> that we may be able to assist you with:			2
<input type="checkbox"/> Previously homeless (in the last 12 months) <input type="checkbox"/> Child’s parent/guardian is disabled <input type="checkbox"/> Child’s parent/guardian is currently deployed to a combat zone, or was within the last year <input type="checkbox"/> Child’s parent/guardian is incarcerated			
<input type="checkbox"/> Household mental illness/counseling, including maternal depression. <input type="checkbox"/> Child’s parent/guardian is a migrant worker <input type="checkbox"/> Household domestic violence (past or current) <input type="checkbox"/> Household drug/alcohol issues or substance abuse <input checked="" type="checkbox"/> <b>Family has little or no support from other family or friends</b>			8
<input type="checkbox"/> Other household members have no medical/dental insurance <input type="checkbox"/> Other household members have no medical/dental home <input type="checkbox"/> Child’s parent/guardian has health concerns <input type="checkbox"/> Child’s parent/guardian has learning difficulties			
<input type="checkbox"/> Getting or keeping a job <input type="checkbox"/> Concerns with housing <input type="checkbox"/> Legal concerns <input checked="" type="checkbox"/> <b>Recent immigrant/refugee (past 5 years)</b>			

FAMILY INFORMATION

Family Information				
❖ Child lives with: <ul style="list-style-type: none"> <li>➤ <input checked="" type="checkbox"/> One parent/guardian</li> <li>➤ <input type="checkbox"/> Two parents/guardians in same household</li> <li>➤ <input type="checkbox"/> Two parents/guardians in two households – Does one household have primary legal custody?                             <ul style="list-style-type: none"> <li>➤ <input type="checkbox"/> Yes – Which parent has primary custody? _____</li> <li>➤ <input type="checkbox"/> No – Does one parent receive child support payments from the other household?                                     <ul style="list-style-type: none"> <li>➤ <input type="checkbox"/> Yes – Which parent receives the child support payments? _____</li> <li>➤ <input type="checkbox"/> No</li> </ul> </li> </ul> </li> </ul>				
❖ Please list other people living in your home. Do not include yourself or your child. <b>If you need more space, write on a separate piece of paper and include with your application.</b>				
Name (First and Last)	Birthdate (Month/Day/Year)	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
❖ Does this child live with a guardian who is not their parent or foster parent? <ul style="list-style-type: none"> <li>➤ <input type="checkbox"/> Yes</li> <li>➤ <input checked="" type="checkbox"/> No</li> <li>➤ Does this person receive a state, tribal, or SSI payment on behalf of the child? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul>				
Do you, your child, or another member of your family receive these types of income? Check all that apply: <ul style="list-style-type: none"> <li><input type="checkbox"/> TANF                             <ul style="list-style-type: none"> <li>➤ Is it for child only? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>➤ Do you have a Working Connections Child Care Subsidy? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul> </li> <li><input type="checkbox"/> Supplemental Security Income (SSI) for disability                             <ul style="list-style-type: none"> <li>➤ Person's relationship to child: _____</li> </ul> </li> <li><input type="checkbox"/> Foster Child Income</li> </ul>				
❖ Total estimated household income for the last calendar year or the last 12 months: <b>\$16,500</b> <b>Please include proof of income and family size with this application.</b>				
❖ 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 checked="" type="checkbox"/> No				
❖ Is your family currently approved for child care through CPS or FAR? <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes – Number of approved hours per week: _____</li> <li><input checked="" type="checkbox"/> No</li> </ul>				
❖ Has your family received services from CPS or ICW in the past? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
❖ What is your family's current housing situation? <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other – <b>If this is checked, please complete the attached <i>Housing Questionnaire</i></b></li> </ul>				
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: <ul style="list-style-type: none"> <li><input type="checkbox"/> Website <input type="checkbox"/> Community event <input checked="" type="checkbox"/> Flyer <input type="checkbox"/> Media <input type="checkbox"/> Word of mouth <input type="checkbox"/> Site staff <input type="checkbox"/> Past parent</li> <li><input type="checkbox"/> Community agency/Case worker – Please specify: _____ <input type="checkbox"/> Other – Please specify: _____</li> </ul>				

FAMILY INFORMATION

3

50

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

Parent/Guardian Signature: **Torab Ahmed**

Date: **3/22/18**

(ECEAP Staff: Enter this date in ELMS)

## STAFF ONLY: Returning Child Information

Complete if the child is returning for the next program year. Do not reverify income.

<b>Program Year:</b>		<b>Updated Total:</b>	
<b>HS/EHS Only – Date Sent to PSESD:</b>		<b>Site/ID Name:</b>	
<b>CHILD INFORMATION</b>			
Has the 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? <input type="checkbox"/> Yes – Please describe: _____ <input type="checkbox"/> No			
Does the family <b>suspect</b> that the child has a developmental delay or disability? <input type="checkbox"/> Yes – Please describe: _____ <input type="checkbox"/> No			
Does the child have a current Individual Family Service Plan (IFSP) or Individual Education Plan (IEP)? <input type="checkbox"/> Yes – Please describe: _____ <input type="checkbox"/> No			
Does the family have concerns about the child’s health and development? <input type="checkbox"/> Yes – Please describe: _____ <input type="checkbox"/> No			
Does this child have medical insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does this child have a regular doctor or medical clinic? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does this child have dental insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does this child have a regular dentist or dental clinic? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the family have new/additional areas of concern? <input type="checkbox"/> Yes – Please describe: _____ <input type="checkbox"/> No			
<b>FAMILY INFORMATION</b>	<b>Parent/Guardian 1</b>	<b>Parent Guardian 2</b>	
Name:			
Relationship to Child:	<input type="checkbox"/> Biological/Adopted/Foster Parent <input type="checkbox"/> Stepparent <input type="checkbox"/> Grandparent <input type="checkbox"/> Other Relative <input type="checkbox"/> Other	<input type="checkbox"/> Biological/Adopted/Foster Parent <input type="checkbox"/> Stepparent <input type="checkbox"/> Grandparent <input type="checkbox"/> Other Relative <input type="checkbox"/> Other	
Address (if changed):			
Phone (if changed):	____-____-____ <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 (if changed):	____-____-____ <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 (if changed):			
Did the parent/guardian receive a high school diploma or GED?	<input type="checkbox"/> GED <input type="checkbox"/> High school diploma <input type="checkbox"/> None – What is the highest <b>grade</b> completed? _____	<input type="checkbox"/> GED <input type="checkbox"/> High school diploma <input type="checkbox"/> None – What is the highest <b>grade</b> completed? _____	
What is the highest <b>degree</b> the parent/guardian completed?	<input type="checkbox"/> Some college/advanced training <input type="checkbox"/> College degree/training certificate <input type="checkbox"/> Associate degree <input type="checkbox"/> Bachelor’s degree <input type="checkbox"/> Master’s degree <input type="checkbox"/> None	<input type="checkbox"/> Some college/advanced training <input type="checkbox"/> College degree/training certificate <input type="checkbox"/> Associate degree <input type="checkbox"/> Bachelor’s degree <input type="checkbox"/> Master’s degree <input type="checkbox"/> None	
Is the parent/guardian currently employed?	<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	
Is the parent/guardian currently in job training or school?	<input type="checkbox"/> Yes – How many hours per week? _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes – How many hours per week? _____ <input type="checkbox"/> No	
Is the parent/guardian on active U.S. military duty?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the parent/guardian a member of a National Guard or Military Reserve unit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the parent/guardian a U.S. military veteran?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
What is the family’s current housing situation? (The family must complete the <i>Housing Questionnaire</i> annually, if they continue to meet the definition of homeless) <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other – Please describe: _____			
<b>Staff Name:</b>		<b>Title:</b>	
<b>Staff Signature:</b>		<b>Date:</b>	



## SEC. 725. DEFINITIONS

For purposes of this subtitle:

- (1) The terms “enroll” and “enrollment” include attending classes and participating fully in school activities.
- (2) The term homeless children and youths' —
  - (A) means individuals who lack a fixed, regular, and adequate nighttime residence (within the meaning of section 103(a)(1)); 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; 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 (within the meaning of section 103(a)(2)(C));
    - (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 (as such term is defined in section 1309 of the Elementary and Secondary Education Act of 1965) who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).
- (3) The term unaccompanied youth' includes a youth not in the physical custody of a parent or guardian.

## Additional Resources

Parent information and resources can be found at the following:

[http://center.serve.org/nche/ibt/parent\\_res.php](http://center.serve.org/nche/ibt/parent_res.php)

<http://www.schoolhouseconnection.org/>

### STAFF ONLY

**Check the services that are needed or desired by the family and provide resources as soon as possible:**

- |   |  |
|---|--|
| <input type="checkbox"/> Child care resources                   | <input type="checkbox"/> School transportation (if site provides)  |
| <input type="checkbox"/> Clothing resources                     | <input type="checkbox"/> Hygiene products/toiletries               |
| <input type="checkbox"/> School supplies                        | <input type="checkbox"/> Food resources                            |
| <input type="checkbox"/> Medical/dental referral                | <input type="checkbox"/> Vision referral                           |
| <input type="checkbox"/> College/vocational/technical resources | <input type="checkbox"/> Medicaid/DSHS services – Food stamps/TANF |
| <input type="checkbox"/> Housing/shelter referral               | <input type="checkbox"/> Birth certificate                         |
| <input type="checkbox"/> Immunization/medical records           | <input type="checkbox"/> Other:                                    |

**Staff Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_