

# Early Learning Returning Application 2018-19

<b>STAFF ONLY: Returning Child Information</b> Complete if the child is returning for the next program year. Do not reverify income.	<b>17-18 Points</b> <div style="border: 1px solid black; width: 80%; height: 20px; margin: 0 auto;"></div>	<b>Returning Points</b> <div style="border: 1px solid black; width: 80%; height: 20px; margin: 0 auto; text-align: center;">1000</div>	<b>Total</b> <div style="border: 1px solid black; width: 80%; height: 20px; margin: 0 auto;"></div>
<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>			
<b>Child's Name:</b>		<b>Child's Date of Birth:</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/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
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? <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>		