Head Start/ECEAP/Early Head Start

Our mission is to transform the future
by making a difference in the lives of children and families.

All families are welcome and encouraged to apply.

Our programs offer the following services to qualified families:

- Education
- Nutritious meals
- Health Screenings
- Family Support Services
- Parent education and involvement
- Support for children with disabilities
- Free Preschool services
  (some fees may apply for full-day services)

Who is eligible?

- Early Head Start serves families of pregnant women, infants and toddlers up to the age of 36 months
- Head Start and ECEAP serve families of 3- to 5-year olds
- Families living on a limited income based on the federal poverty guidelines
- Children in foster care
- Families who are homeless
- Families who are receiving SSI or TANF may be eligible
- Children with diagnosed disabilities

While transportation is not provided by Head Start/EHS, Head Start/EHS assists parents in finding alternate solutions. Transportation is provided at some ECEAP locations.

If you have questions or need assistance with the application, call 533-4800.
For deaf or hearing impaired, contact Washington Relay Service TTY/V 1-800-833-6384.

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www.ccs.spokane.edu/head-start
www.facebook.com/Spokane.HS.ECEAP.EHS

Community Colleges of Spokane

Your involvement is an important part of your child's success!

Early Childhood Education & Assistance Program
Washington State Department of Early Learning

Head Start and Early Head Start

Washington State Department of Early Learning

Community Colleges of Spokane does not discriminate on the basis of race, color, national origin, sex, disability, sexual orientation or age in its programs, activities or employment. For TTY service, call 279-6092. Marketing and ZPublic Relations, date.

	Center	Address	Phone	Infants (0 -12 mos.)	Toddler (1-3 yrs.)	Preschool	Child Care	Transportation
Head Start/Early Head Start	**Adult Education Center**	2310 North Monroe St Spokane, WA 99205	533-4650	X	X	X		
	East Central Community Center	605 South Lee St Spokane, WA 99202	279-6316	X	X	X		
	Holmes School	2600 West Sharp Spokane, WA 99201	354-2994			X		
	Northeast Community Center	4001 N Cook St Spokane, WA 99207	279-6351			X		
	Northeast Child Development Center	4001 N Cook St Spokane, WA 99207	279-6351	X	X	X	X	
	SCC Bigfoot Child Care Center	1810 N Greene St, Bldg. 20 Spokane, WA 99217	533-7170		X	X	X	
	SFCC Early Learning Center	3410 West Fort George Wright Dr., Bldg. 16 Spokane, WA 99224	533-3624	X	X	X	X	
	West Boone Center	2427 West Boone Ave Spokane, WA 99205	279-6901	X	X		X	
	West Central Community Center	1603 N Belt Spokane, WA 99205	279-6340		X	X	X	
	Woodridge School	5100 W Shawnee Ave Spokane, WA 99208	354-4593			X		
ECEAP Early Childhood Education and Assistance Program	**Deer Park School District**	1500 East "D" St, PO Box 190 Deer Park, WA 99006	464-5680 464-5681			X		X
	East Valley School District • East Farms Elementary • Otis Orchards Elementary • Trent Elementary • Trentwood Elementary	26203 E Rowan, Newman Lake WA 99025 22000 E Wellesley Ave, Spokane Valley WA 99027 3303 N Pines Rd, Spokane Valley WA 99206 14701 E Wellesley Ave, Spokane Valley Wa 99216	927-3220 924-9823 893-4123 241-5689			X		X
	Liberty Park Child Development Center	1417 East Hartson Spokane, WA 99202	534-0957			X		
	Martin Luther King Jr. Center	845 South Sherman St Spokane, WA 99202	455-8722 Ext 201			X	X	
	Riverside School District Chattaroy Elementary Riverside Elementary	25717 North Yale Rd, Chattaroy, WA 99003 3802 E Deer Park Milan Rd, Chattaroy, WA 99003	464-8270			X X		X X
	Salish School of Spokane	4117 N Maple St Spokane, WA 99205	325-2018				X	
	Southwest Community Center	310 S Spruce St. Spokane, WA 99201	385-4896			X		
	Spokane Child Development Center	3120 N Industrial Park 1st Street Spokane Valley, 99216	924-2850			X	X	
	Spokane Public Schools: • Lincoln Heights Elementary • Roosevelt Elementary • Stevens Elementary	3322 East 22nd Ave, Spokane WA 99223 333 West 14th Ave, Spokane WA 99203 1717 East Sinto Ave, Spokane WA 99202	354-3336 354-3336 354-4180			X		
	West Valley School District Millwood Early Childhood Ed. Ctr.	8818 East Grace Ave Spokane, WA 99212	922-5478			X		X
	YMCA/EWU Children's Center	923 Washington Cheney, WA 99004	359-2024			X	X	
	YWCA of Spokane • YWCA Central • YWCA West Plains • Windsor Elementary (Cheney) • Medical Lake	930 North Monroe St Spokane, WA 99201 13120 West 13th Airway Heights, WA 99001 5504 W Hallett Rd, Spokane, WA 99224 111 N Lefevre St, Medical Lake, WA 99022	789-9271 244-4833 559-4250 290-7184			X X X	X	

Head Start/ EHS/ECEAP Income Guidelines 2016-17			
Family Size	Head Start/EHS Eligible 100% Poverty Level	Head Start/ EHS 130% Poverty Level	ECEAP Eligible 110 % Poverty Level
1	$11,880	$15,444	$13,068
2	$16,020	$20,826	$17,622
3	$20,160	$26,208	$22,176
4	$24,300	$31,590	$26,730
5	$28,440	$36,972	$31,284
6	$32,580	$42,354	$35,838
7	$36,730	$47,749	$40,403
8	$40,890	$53,157	$44,979
For each additional person add	$4,160	$5,408	$4,576

Community Colleges of Spokane

Spokane County Head Start/ECEAP/EHS APPLICATION

RECEIVED _____

ENTERED _____

Child Information

Child's Name | **Date of Birth**

Preferred Name | ☐ **Male** ☐ **Female**

Child's Race(s) Check ALL That Apply:

☐ American Indian/Alaskan Native ☐ Asian ☐ Black/African American ☐ Caucasian/White

☐ Hawaiian/Pacific Islander ☐ Other (Specify) _____

Is this child Hispanic? ☐ No ☐ Yes | **What language(s) does your child speak?**

Address | **City** | **Zip**

County | **School District**

Parent/Guardian Information

PARENT/GUARDIAN 1	PARENT/GUARDIAN 2
☐ **Mother** ☐ **Father** ☐ **Other:**_____ **Name:**	☐ **Mother** ☐ **Father** ☐ **Other:**_____ **Name:**
Address if different than child:	**Address** if different than child:
Home Phone:	**Home Phone:**
Cell Phone:	**Cell Phone:**
Work/Message Phone:	**Work/Message Phone:**
E-Mail Address:	**E-Mail Address:**
Date of birth:	**Date of birth:**
Language(s) spoken:	**Language(s) spoken:**
Does this adult require an interpreter to access services? ☐ Yes ☐ No	**Does this adult require an interpreter to access services?** ☐ Yes ☐ No
Educational Level Highest Grade Completed _____ ☐ HS Grad/GED ☐ Associate's Degree ☐ Bachelor's Degree ☐ Master's Degree	**Educational Level** Highest Grade Completed _____ ☐ HS Grad/GED ☐ Associate's Degree ☐ Bachelor's Degree ☐ Master's Degree
Hispanic ☐ Yes ☐ No Race (check all that apply): ☐ American Indian / Alaskan Native ☐ Asian ☐ Black / African American ☐ Caucasian / White ☐ Hawaiian / Pacific Islander ☐ Other (Specify) _____	**Hispanic** ☐ Yes ☐ No Race (check all that apply): ☐ American Indian / Alaskan Native ☐ Asian ☐ Black / African American ☐ Caucasian / White ☐ Hawaiian / Pacific Islander ☐ Other (Specify) _____
PARENT/GUARDIAN 1	**PARENT/GUARDIAN 2**
Are you currently working? ☐ Yes ☐ No ☐ Working Full Time ☐ Disabled ☐ Working Part Time ☐ Unemployed ☐ Seasonal Worker ☐ Retired	**Are you currently working?** ☐ Yes ☐ No ☐ Working Full Time ☐ Disabled ☐ Working Part Time ☐ Unemployed ☐ Seasonal Worker ☐ Retired
Are you currently in school? ☐ No ☐ Yes, where _____ ☐ Full time ☐ Part time Which school are you planning to attend? _____ Are you in Adult Basic Education or ESL classes? ☐ No ☐ Yes	**Are you currently in school?** ☐ No ☐ Yes, where _____ ☐ Full time ☐ Part time Which school are you planning to attend? _____ Are you in Adult Basic Education or ESL classes? ☐ No ☐ Yes

Eligibility Information

Child lives with: ☐ 1 Parent/Guardian 2 Parents/Guardians: ☐ in one household ☐ in two households
Name of person(s) child lives with_____

Number of people in family:

Siblings age 5 or under:		
Name:	Name:	Name:
Date of Birth:	Date of Birth:	Date of Birth:

REQUIRED Annual Income for the last 12 months or last calendar year
(gross income from IRS Tax Form):

Prior to enrollment proof of your family's income for the last calendar year or the last 12 months must be supplied; can be copies of W-2s, income tax return, TANF benefits, unemployment summary, child support, social security, SSI, pay stubs.

Is anyone in your family receiving SSI (Supplemental Security Income)?	☐ No	☐ Yes
Is this child a foster child?	☐ No	☐ Yes
Are you receiving a TANF grant?	☐ No	☐ Yes
Are you currently receiving Working Connections Child Care Subsidy?	☐ No	☐ Yes
Does your child have a diagnosed disability (IFSP, IEP)	☐ No	☐ Yes
Is your family currently staying in a car, park, campground, hotel, emergency shelter, transitional housing or living with another family temporarily?	☐ No	☐ Yes

Additional Information

How did you hear about Head Start/ECEAP? ☐ Website ☐ Word of mouth ☐ Case Worker
☐ Community Agency ☐ Head Start/ECEAP Employee ☐ Flyer or poster ☐ Community Event
☐ Other _____

If you were referred, please list the agency. _____

Please check any of the following that apply to your family.

☐ Sibling enrolled in program	☐ Homeless in last 12 months	☐ Single Parent	☐ Mental Health Issues
☐ Family Violence	☐ Parental Disability	☐ CPS Involved	☐ Health Issues
☐ Drug/Alcohol Issues	☐ English Language Learner	☐ Incarcerated Parent	☐ Currently Pregnant

HEAD START/ECEAP/EARLY HEAD START SITE INFORMATION

Time Preference:
☐ **Morning** ☐ **Afternoon** ☐ **Full Day** (There may be a fee for full-day services. Full day services are not available at all sites.)

Where would you like to enroll you child? (Please see the cover sheet for a complete listing of sites and program options.)

☐ **Head Start/Early Head Start Site:**
1st Choice _____ 2nd Choice _____
☐ **ECEAP Site:**
1st Choice _____ 2nd Choice _____

☐ I am interested in the Early Head Start Home Visitor Program (prenatal – 3 years)

Please return or mail your application to a Head Start/ECEAP/Early Head Start site you wish to attend. Mailing addresses are listed on the cover sheet. During the summer months please call our administrative office at 533-4800, or mail it to:

3939 N Freya St,
Spokane, WA 99217

I hereby affirm that all the above-stated information provided by me is true and correct to the best of my knowledge.

Parent's or legal guardian's signature _____ Date _____

Non-Discrimination Policy

It is the policy of Spokane County Head Start/ECEAP/EHS that no person shall be subjected to discrimination because of race, color, national origin, sex, sexual orientation, age, religion, creed, marital status, disabled or Vietnam Era Veteran status, or the presence of any physical, mental or sensory handicap. Any person who believes he or she has been discriminated against in any USDA-related activity should write immediately to the Secretary of Agriculture, Washington DC, 20250.