

# Head Start/ECEAP/Early Head Start

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***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](http://www.ccs.spokane.edu/head-start)  
[www.facebook.com/Spokane.HS.ECEAP.EHS](https://www.facebook.com/Spokane.HS.ECEAP.EHS)



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



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
<b>Head Start / Early Head Start</b>	<b>Adult Education Center</b>	2310 North Monroe St Spokane, WA 99205	533-4650	X	X	X		
	<b>Holmes School</b>	2600 West Sharp Spokane, WA 99201	354-2994			X		
	<b>Northeast Child Development Center</b>	4001 N Cook St Spokane, WA 99207	279-6351	X	X	X	X	
	<b>SCC Bigfoot Child Care Center</b>	1810 N Greene St, Bldg. 20 Spokane, WA 99217	533-7170		X	X	X	
	<b>SFCC Early Learning Center</b>	3410 West Fort George Wright Dr., Bldg. 16 Spokane, WA 99224	533-3624	X	X	X	X	
	<b>West Boone Center</b>	2427 West Boone Ave Spokane, WA 99205	279-6901	X	X		X	
	<b>West Central Community Center</b>	1603 N Belt Spokane, WA 99205	279-6340		X	X	X	
	<b>Woodridge School</b>	5100 W Shawnee Ave Spokane, WA 99208	354-4593			X		
<b>ECEAP Early Childhood Education and Assistance Program</b>	<b>Deer Park School District</b>	1500 East "D" St, PO Box 190 Deer Park, WA 99006	464-5680 464-5681			X		X
	<b>East Valley School District</b> • 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
	<b>Liberty Park Community Development Center</b>	1417 East Hartson Spokane, WA 99202	534-0957			X		
	<b>Martin Luther King Jr. Center</b>	845 South Sherman St Spokane, WA 99202	455-8722 Ext 201					
	<b>Riverside School District</b> 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
	<b>Salish School of Spokane</b>	4117 N Maple St Spokane, WA 99205	325-2018				X	
	<b>Southwest Community Center</b>	310 S Spruce St. Spokane, WA 99201	385-4896			X		
	<b>Spokane Child Development Center</b>	3120 N Industrial Park 1 <sup>st</sup> Street Spokane Valley, 99216	924-2850			X	X	
	<b>Spokane Public Schools:</b> • Lincoln Heights Elementary • Roosevelt Elementary • Stevens Elementary	3322 East 22 <sup>nd</sup> Ave, Spokane WA 99223 333 West 14 <sup>th</sup> Ave, Spokane WA 99203 1717 East Sinto Ave, Spokane WA 99202	354-3336 354-3336 354-4221			X		
	<b>West Valley School District</b> Millwood Early Childhood Ed. Ctr.	2523 N Park Rd Spokane, WA 99212	922-5478			X		X
	<b>YMCA/EWU Children's Center</b>	923 Washington Cheney, WA 99004	359-2024			X	X	
	<b>YWCA of Spokane</b> • YWCA DTX • YWCA West Plains • Medical Lake	930 North Monroe St Spokane, WA 99201 13120 West 13 <sup>th</sup> Airway Heights, WA 99001 119 N Lefevre St, Medical Lake, WA 99022	789-9271 244-4833 290-7184			X X X	X	

<b>Head Start/ EHS/ECEAP Income Guidelines 2017</b>			
Family Size	Head Start/EHS Eligible 100% Poverty Level	Head Start/ EHS 130% Poverty Level	ECEAP Eligible 110 % Poverty Level
1	\$12,060	\$15,678	\$13,266
2	\$16,240	\$21,112	\$17,864
3	\$20,420	\$26,546	\$22,462
4	\$24,600	\$31,980	\$27,060
5	\$28,780	\$37,414	\$31,658
6	\$32,960	\$42,848	\$36,256
7	\$37,140	\$44,282	\$40,854
8	\$41,320	\$53,716	\$45,452
For each additional person add	\$4,180	\$5,434	\$4,598



# Spokane County Head Start/ECEAP/EHS APPLICATION

RECEIVED _____
ENTERED _____

<b>Child Information</b>	<b>Child's Name</b>		<b>Date of Birth</b>	
	<b>Preferred Name</b>		<input type="checkbox"/> <b>Male</b> <input type="checkbox"/> <b>Female</b>	
	<b>Child's Race(s)</b> Check ALL That Apply:			
	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Caucasian/White
	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> Other (Specify) _____		
	<b>Is this child Hispanic?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes		<b>What language(s) does your child speak?</b>	
<b>Address</b>		<b>City</b>	<b>Zip</b>	
<b>County</b>		<b>School District</b>		

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

Eligibility Information	<b>Child lives with:</b> <input type="checkbox"/> 1 Parent/Guardian      2 Parents/Guardians: <input type="checkbox"/> in one household <input type="checkbox"/> in two households Name of person(s) child lives with _____		
	<b>Number of people in family:</b> _____		
	<b>Siblings age 5 or under:</b> Name: _____      Name: _____ Date of Birth: _____      Date of Birth: _____		
	<b>REQUIRED Annual Income for the last 12 months or last calendar year</b> <b>(gross income from IRS Tax Form):</b> _____		
	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)? <input type="checkbox"/> No <input type="checkbox"/> Yes Is this child a foster child? <input type="checkbox"/> No <input type="checkbox"/> Yes Are you receiving a TANF grant? <input type="checkbox"/> No <input type="checkbox"/> Yes Are you currently receiving Working Connections Child Care Subsidy? <input type="checkbox"/> No <input type="checkbox"/> Yes Does your child have a diagnosed disability (IFSP, IEP) <input type="checkbox"/> No <input type="checkbox"/> Yes Is your family currently staying in a car, park, campground, hotel, emergency shelter, transitional housing or living with another family temporarily? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Additional Information	<b>How did you hear about Head Start/ECEAP?</b> <input type="checkbox"/> Website <input type="checkbox"/> Word of mouth <input type="checkbox"/> Case Worker <input type="checkbox"/> Community Agency <input type="checkbox"/> Head Start/ECEAP Employee <input type="checkbox"/> Flyer or poster <input type="checkbox"/> Community Event <input type="checkbox"/> Other _____		
	<b>If you were referred, please list the agency.</b> _____		
	<b>Please check any of the following that apply to your family.</b> <input type="checkbox"/> Sibling enrolled in program <input type="checkbox"/> Homeless in last 12 months <input type="checkbox"/> Single Parent <input type="checkbox"/> Mental Health Issues <input type="checkbox"/> Family Violence <input type="checkbox"/> Parental Disability <input type="checkbox"/> CPS Involved <input type="checkbox"/> Health Issues <input type="checkbox"/> Drug/Alcohol Issues <input type="checkbox"/> English Language Learner <input type="checkbox"/> Incarcerated Parent <input type="checkbox"/> Currently Pregnant		
<b>HEAD START/ECEAP/EARLY HEAD START SITE INFORMATION</b>			
<b>Time Preference:</b> <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Full Day (There may be a fee for full-day services. Full day services are not available at all sites.)			
<b>Where would you like to enroll you child?</b> (Please see the cover sheet for a complete listing of sites and program options.)			
<input type="checkbox"/> <b>Head Start/Early Head Start Site:</b> 1 <sup>st</sup> Choice _____ 2 <sup>nd</sup> Choice _____			
<input type="checkbox"/> <b>ECEAP Site:</b> 1 <sup>st</sup> Choice _____ 2 <sup>nd</sup> Choice _____			
<input type="checkbox"/> I am interested in the Early Head Start Home Visitor Program (prenatal – 3 years)			
<b>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:</b>  <div style="text-align: center;"> <b>3939 N Freya St, Spokane, WA 99217</b> </div>			
<i>I hereby affirm that all the above-stated information provided by me is true and correct to the best of my knowledge.</i>			
Parent's or legal guardian's signature _____ Date _____			
<b>Non-Discrimination Policy</b>  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.			