

The following form(s) can be filled in on-line, then printed for signatures and mailing or faxing.

To begin filling out the forms in Acrobat Reader, make sure the '**hand**' tool is selected then click on a line or in a box and begin typing. Check boxes can be clicked on or off.



# Spokane County Head Start/ECEAP/EHS 2009-2010 APPLICATION

**STAFF USE ONLY**

Priority Points \_\_\_\_\_

Income Eligible  Yes  No

PA, SSI or Foster Care Eligible  Yes  No

Disabilities \_\_\_\_\_

AM  PM  Full-day

Date Entered \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Initials \_\_\_\_\_

MONTH DAY YEAR

## ENROLLING CHILD'S INFORMATION

Child's first name \_\_\_\_\_ Child's legal last name \_\_\_\_\_ Middle initial \_\_\_\_\_

Preferred name \_\_\_\_\_ Date of birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

MONTH DAY YEAR

Child's street address \_\_\_\_\_

Female  Male Language spoken (at home) \_\_\_\_\_ Translator for family needed?  Yes  No

Race (check all that apply):  Black  White  Hispanic/Latino  American Indian  Other (specify) \_\_\_\_\_

Asian/Pacific (specify) \_\_\_\_\_

## FAMILY INFORMATION

Parent/guardian (mother) \_\_\_\_\_ Date of birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

MONTH DAY YEAR

Home phone/message (mother) \_\_\_\_\_ Other phone \_\_\_\_\_ Education (last grade completed) \_\_\_\_\_

Mailing address (mother) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ E-mail address (mother) \_\_\_\_\_

Parent/guardian (father) \_\_\_\_\_ Date of birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

MONTH DAY YEAR

Home phone/message (father) \_\_\_\_\_ Other phone \_\_\_\_\_ Education (last grade completed) \_\_\_\_\_

Mailing address (father) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ E-mail address (father) \_\_\_\_\_

Are you currently living...  with others on a temporary basis  in a shelter

Are you: (Please check all that apply)

Foster parent  Grandparent  Legal guardian  Pregnant  Two-parent household  Single-parent household

Number of children in the family: 0-3 years old \_\_\_\_\_ 4-5 years old \_\_\_\_\_ 6 years or older \_\_\_\_\_

## ELIGIBILITY INFORMATION

Family income \_\_\_\_\_ (Gross yearly— past 12 months or 2008 calendar year— income from all sources)

Number in family \_\_\_\_\_

Do you receive public assistance (TANF) benefits? (Examples: cash grant, Working Connections Child Care, etc.)  Yes  No

Do you receive: (Please check all that apply)  Child care subsidy  SSI  Other \_\_\_\_\_

Do you attend classes at Community Colleges of Spokane?  Part time  Full time

SCC  SFCC  IEL—Where? \_\_\_\_\_  ESL  GED  Other college \_\_\_\_\_

INCOME ELIGIBILITY AMOUNTS Based on Annual Income			
SIZE OF FAMILY	HEAD START/EHS 100%	HEAD START/EHS 130%	ECEAP 110%
1	\$10,830	\$14,079	\$11,913
2	\$14,570	\$18,941	\$16,027
3	\$18,310	\$23,803	\$20,141
4	\$22,050	\$28,665	\$24,255

INCOME ELIGIBILITY AMOUNTS Based on Annual Income			
SIZE OF FAMILY	HEAD START/EHS 100%	HEAD START/EHS 130%	ECEAP 110%
5	\$25,790	\$33,527	\$28,369
6	\$29,530	\$38,389	\$32,483
7	\$33,270	\$43,251	\$36,597
8	\$37,010	\$48,113	\$40,711
	For each additional person add \$3,740	For each additional person add \$4,862	For each additional person add \$4,114

**NOTE: Some exceptions to the income guidelines can be made if you have a child with a diagnosed disability, a foster child or other special circumstances.**

## SPECIAL CONSIDERATIONS/PRIORITY FOR ENROLLMENT

1. Do you have any concerns about your family? \_\_\_\_\_  
\_\_\_\_\_
2. Do you have any concerns about your child's development? \_\_\_\_\_  
\_\_\_\_\_
3. Has your child been referred to Child Find for assessment?  Yes  No
4. Does your child have a current Individualized Education Plan (IEP) or an Individualized Family Services Plan (IFSP)?  Yes  No  
*This is the plan for disability services you made with school or agency staff. (If yes, please give Head Start/ECEAP/EHS a copy of your IEP/IFSP when you register your child.)*
5. If you have any letters of referral from your doctor, public health nurse, case worker, or counselor who thinks your child should be enrolled, please send a copy with your application.

Referring agency \_\_\_\_\_

Name \_\_\_\_\_ Phone number \_\_\_\_\_

**I give my permission for you to contact and request information from this agency.**

Parent's or legal guardian's signature \_\_\_\_\_ Date \_\_\_\_\_

## HEAD START/ECEAP/EARLY HEAD START SITE INFORMATION

Time Preference:  Morning  Afternoon  Full Day (Child care has a fee. Full-day services are not available at all sites.)

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

Head Start/Early Head Start (site) \_\_\_\_\_  ECEAP (site) \_\_\_\_\_

Early Head Start Home Visitor Program \_\_\_\_\_  Second Site Choice \_\_\_\_\_

**Please keep us informed if you move, or change your phone number, so that we can keep in contact with you when there's an opening.**

**Please return or mail your application to a Head Start/ECEAP/Early Head Start site. Mailing addresses are listed on the cover letter. During the summer months please call our administrative office at **533-4800**, or mail it to **3939 N Freya St, Spokane WA 99217**.**

How did you find out about Head Start/Early Head Start/ECEAP? \_\_\_\_\_

### 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.

Parent's or legal guardian's signature \_\_\_\_\_ Date \_\_\_\_\_