早教申请 2023-2024

Early Learning Application 2023-2024



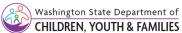
Staff Only - ChildPlus ID:	ELMS ID:		
—————————————————————————————————————	n – General		
名字 First Name:	中间名缩写	Middle Initial:	
姓氏 Last Name:	首 选名称 Pr	referred Name:	
出生日期(年/月/日) Date of Birth (month/o	day/year): 性别 Gender	r:口男 M 口女 F	
性别认同(可选) Gender Identity (optional)	: 首选代词(页	J选) Preferred Pronouns (optional):	
幼儿的家庭语言? What is this child's home la	nguage?	第二语言 2 nd language:	
幼儿使用的语言 □ 仅说英语 Only English This child speaks: □ 使用英语和其他语言的 another language the sam	English and another language 勺情况差不多(双语) Both English and	□ *部分英语,大部分为其他语言 *Some English, but mostly another language □ *仅说英语以外的另外一种语言 *Only a language other than English	
幼儿是西班牙裔/拉丁裔? Is this child Hispani	c/Latino?□ 是 Yes□否 No		
幼儿的种族?请勾选所有适用项. What is this child's race? Check all that apply. □ 非裔/非裔美国人/裔黑人 African/African American/Black □ 亚洲人 Asian □ 斯加原住民/美洲原住民/美洲印地安人 Alaska Native/Native American/American Indian © 的家庭背景/宗族/来源国? What is your family's heritage/tribe/country of origin? 这个孩子是部落成员还是按血统/血统? Is this child part of a tribe either by membership or by ancestry/lineage? □ 是 Yes □ 否 No			
がル之前是否曾报名参加过这些计划? 仅勾选最近参加的 Has this child been previously enrolled in these programs? Only check the most recent. □ 无 None □ 华盛顿州金县或皮尔斯县的 Head Start/早期 Head □ 华盛顿州任意地点移民/季节 □ 婴幼儿早期支持 (ESIT)、IDEA C 部分、			
·	hild currently enrolled in a community slot at this si	· · · · · · · · · · · · · · · · · · ·	
幼儿是目前在此地注册儿童的兄弟姐妹? Is t □ 是 Yes □ 否 No	this child a sibling of a child currently enrolled in the	e program you are applying to?	



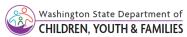


	Child's First Name:	Child's La	st Name:
以下信息仅供参考。 回答"是"不影响您参加计划的 affect your eligibility or enrollment in the program.	资格和注册。 The questio	ns below are for information or	lly. Answering "Yes" will not
幼儿由官方寄养机构照顾或由亲属在有补助金的情□是 Yes □ 否 No	况下照顾? Is this child in c	fficial foster care or kinship care	e with a grant amount?
如回答是,案件号或客户 ID 号是多少? If yes, wha	t is the Case Number or Clier	it ID Number?	
每月补助/付款金额和来源? What is the mont 补助金涵盖的儿童数量 # of children covered		and source? \$	□ DSHS □ SSI □ 宗族 Tribe □ 其他 Other
幼儿由亲属抚养,但无补助金? Is this child in kinsh	nip care without a grant amo	unt? □是 Y es □否 No	
幼儿是从寄养机构或亲属抚养家庭或从其他国家的		s child adopted after foster care	or kinship care or from
orphanage from another country? □ 是 Yes □ 否	No		
幼儿在寄养或亲属抚养后近期是否与父母团聚? W□ 是 Yes □ 否 No	as this child recently reunite	d with their parent(s) after fost	er care or kinship care?
您的家庭目前是否通过儿童保护服务 (CPS)、家庭评? Does your family currently receive services /suppor Welfare (ICW), comparable tribal services, or law enfo	t through Child Protective Se	ervices (CPS), Family Assessmen	
您的家人过去是否接受过 CPS/FAR/ICW、类似的部	落服务或执法/法院系统的	服务 / 支持? Has your family re	eceived services/support from
CPS/FAR/ICW, comparable tribal services, or law enfor	cement/court system in the	past?□ 是 Yes□否 No	
您的家庭目前通过了 CPS 或 FAR 儿童保育批准? Is	your family currently appro	ved for childcare through CPS o	FAR?
□是 – 批准每周多少个小时? Yes – How many approved hours per week? □ 否 No			
幼儿是否曾因行为问题而被要求退出早教计划? H	as this child ever been asked	to leave an early learning progr	ram because of behavior issues?
□是 Yes □否 No			
幼儿是否有医疗保险? Does this child have medical	insurance?□有 Yes □无	No	
如有,医疗保险类型? If yes,		□ 宗族 □ 军事医疗 Tribal Coverage	保险 Military Medical
幼儿是否有私人医生或医疗诊所? Does this child h	ave a regular doctor or medi	cal clinic?	
□ 有 – 诊所/服务提供方名称 Yes - Name of clinic/p □ 无 No	rovider:	医疗专业人员姓名 Name of r	nedical professional:
幼儿在过去 12 个月内是否接受过儿童健康检查? 是	: – 上次 Did this child have	a well-child exam within the las	t 12 months?
□ 上次检查日期(年/月/日) Yes – Date of last exa	ım (month/day/year):		
□ 否 No □ 日期未知 Date Unknown			
		-	
幼儿是否有牙科保险? Does this child have dental ir		alla tita i	
如有,牙科保险类型? If yes, □ Washington Apwhat type? □ Health/ProviderC	•	Tribal] 军事牙科保险 Military Jental Coverage
幼儿是否有私人牙医或牙科诊所?有 — 诊所/服务提供方 Does this child have a regular dentist or dental clinic?			
□ 名称 Yes - Name of clinic/provider:		牙科专业人员姓名 Name of o	dental professional:
□ 无 No			





Child's First Name: Child's Last Name: Child's Last Name:			
□ 上次检查日期(年/月/日) Yes - Date of last exam (month/day/year): □ 斉 No □ 日期未知 Date Unknown 幼儿的免疫状态如何? What is your child's immunization status? □ 完全免疫 Fully immunized □ 免除 Exempt □ 非完全免疫或免除 Not fully immunized or exempt □ 不确定 Not sure 是否曾有医疗保健服务损失方诊断幼儿患有慢性疾病(可能包括心理健康、唯带、務症、糖尿病、癫痫、注意力缺陷多动症(Attention Defict Hyperactivity Disorder, ADHD), 自闭症、脊柱裂、镊状细胞病或危发生命的过敏)? Does this child have a chronic health condition (may include mental health, asthma, cancer, diabetes, selzures, ADHD, autism, spina bifida, sickle cell disease, or life-threatening allergies)? □ 是 - 请说明 Yes - Please describe: □ 声目、Severe □ 中等 Moderate □ 轻微 Mild 医疗保健症代者是否诊断出这种情况? Has a Health Care Provider diagnosed this condition? □ 是 Yes □ ⑤ No 幼儿信息 - 发育 Child Information - Development 参见否担忧幼儿的健康状况? Do you have concerns about this child's health? □ 是 - 请勾选以下存者违用项 Yes - Check all that apply below □ 否 No □ 出重体重经(低于5.5 磅/5 磅 8 盘词) Low □ 37 周前早产精细肢体 Preterm birth less □ 受药物/预精影响 Drug/alcohol birth weight (less than 5.5 lb/5) lbs 8 oz.) □ 云		Child's First Name:	Child's Last Name:
一条全免疫 Fully immunized 免除 Exempt 非完全免疫或免除 Not fully immunized or exempt 不務定 Not sure	□ 上次检查日期(年/月/日) Yes – Date of last e	•	ist 6 months?
(Attention Deficit Hyperactivity Disorder, ADHD)、自闭症、脊柱裂、镰状细胞病或危及生命的过敏)? Does this child have a chronic health condition (may include mental health, asthma, cancer, diabetes, seizures, ADHD, autism, spina bifida, sickle cell disease, or life-threatening allergies)? □ 是一请说明 Yes - Please describe: □ 戸重 Severe □ 中等 Moderate □ 轻微 Mild 医疗保健提供者是否诊断出这种情况? Has a Health Care Provider diagnosed this condition? □ 是 Yes □ 否 No 幼儿信息 - 发育 Child Information - Development 多是否担忧幼儿的健康状况? Do you have concerns about this child's health? □ 是 请勾选以下所有适用项 Yes - check all that apply below □ 否 No □ 出重体重轻 (Fr. 5.5 磅/5 磅 & 盘司) Low □ 37 两间中产 精细股体 Preterm birth less □ 受药物/酒精影响 Drug/alcohol birth welght (less than 5.5 lbs/5 lbs 8 oz.)	•		empt □ 不确定 Not sure
condition (may include mental health, asthma, cancer, diabetes, seizures, ADHD, autism, spina bifida, sickle cell disease, or life-threatening allergies)? □ 是 - 请说明 Yes - Please describe: □ 严重 Severe □ 中等 Moderate □ 经微 Mild	是否曾有医疗保健服务提供方诊断幼儿患有慢性	疾病(可能包括心理健康、哮喘、癌症、糖尿	房、癫痫、注意力缺陷多动症
□声』 Severe □中等 Moderate □轻微 Milld 医疗保健提供者是否诊断出这种情况? Has a Health Care Provider diagnosed this condition? □是 Yes □否 No 幼儿信息 - 发育 Child Information - Development	(Attention Deficit Hyperactivity Disorder, ADHD), condition (may include mental health, asthma, cance	自闭症、脊柱裂、镰状细胞病或危及生命的过	敏)? Does this child have a chronic health
一百 No Eff Severe □中等 Moderate □ 轻微 Mild Eff Mild E	口 县 _ 请说明 Vac _ Dlassa describe:	认为健康问题 The health condit	ion is considered:
幼儿信息 - 发育 Child Information - Development 参是否担忧幼儿的健康状况? Do you have concerns about this child's health? □是 - 请勾选以下所有适用项 Yes - check all that apply below □ 否 No □出重体重轻(低于 5.5 磅/5 磅 8 盎司) Low □ 37 周前早产 精细肢体 Preterm birth less □ 受药物/酒精影响 Drug/alcohol birth weight (less than 5.5 lbs/5 lbs 8 oz.) than 37 weeks affected □ 听力 Hearing □ 运动/粗肢体运动 Fine motor/gross □ 牙疼/顯环/牙眼出血 Tooth pain/decay/bleeding gums □ 食物不耐受/特殊饮食 - 请说明 Food intolerance/special diet - Please describe: 幼儿目前正在参加个别教育计划 (Individual Education Plan, IEP) 或个别家庭服务计划 (Individual Family Service Plan, IFSP)? Does this child have a current and active Individual Education Plan (IEP) or Individual Family Service Plan (IFSP)? □ 是 - 请随附一份副本与申请表一起提交. Yes - Please provide a copy with your application. □ 否 - 请勾选所有适用项 No - Check if any of these apply: □ 我的孩子进行了评估,并确定有资格获得 IEP,但我们拒绝了服务。 My child had an evaluation and was determined eligible for an IEP, but we declined services. □ 我的孩子过去有过 IFSP,但没有过滤到学区的 IEP。 My child has had an IFSP in the past but did not transition to an IEP with the school district. □ 我的孩子被诊断为发育迟缓或残疾、没有参加 IEP 或被转介接受评估。我。 My child has a diagnosed developmental delay or disability with no IEP, or is being referred for evaluation. □ 的孩子疑似发育迟缓或残疾、以有参加 IEP 或被转介接受评估。我。 My child has a diagnosed developmental delay or disability with no IEP, or is being referred for evaluation.	日足 - 南妃列 res - riedse describe.	□严重 Severe □中等 Moder	ate 🗆 轻微 Mild
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您是否担忧幼儿的健康状况? Do you have concerns about this child's health? □是 - 请勾选以下所有适用项 Yes - check all that apply below □ 否 No □出重体重轻(低于 5.5 磅/5 磅 8 盎司) Low □ 37 周前早产精细肢体 Preterm birth less □ 受药物/酒精影响 Drug/alcohol birth weight (less than 5.5 lbs/5 lbs 8 oz.) than 37 weeks affected □ 示力 Hearing □ 运动/粗肢体运动 Fine motor/gross □ 牙疼/齲坏/牙龈出血 Tooth pain/decay/bleeding gums □ 食物不耐受/特殊饮食 - 请说明 Food intolerance/special diet - Please describe: 幼儿目前正在参加个别教育计划 (Individual Education Plan, IEP) 或个别家庭服务计划 (Individual Family Service Plan, IFSP)? Does this child have a current and active Individual Education Plan (IEP) or Individual Family Service Plan (IFSP)? □ 是 - 请随附一份副本与申请表一起提交. Yes - Please provide a copy with your application. □ 否 - 请勾选所有适用项 No - Check if any of these apply: □ 我的孩子进行了评估,并确定有资格获得 IEP,但我们拒绝了服务。 My child had an evaluation and was determined eligible for an IEP, but we declined services. □ 我的孩子过去有过 IFSP,但没有过渡到学区的 IEP。 My child has had an IFSP in the past but did not transition to an IEP with the school district. □ 我的孩子被诊断为发育迟缓或残疾、没有参加 IEP 或被转介接受评估。我。 My child has a diagnosed developmental delay or disability with no IEP, or is being referred for evaluation. □ 的孩子疑似发育迟缓或残疾. My child has a suspected developmental delay or disability.		diagnosed this condition? □ 是 \	/es □ 否 No
□是-请勾选以下所有适用项 Yes-check all that apply below □否 No □出重体重轻(低于 5.5 磅/5 磅 8 盎司) Low □ 37 周前早产精细肢体 Preterm birth less □ 受药物/酒精影响 Drug/alcohol birth weight (less than 5.5 lbs/5 lbs 8 oz.) than 37 weeks affected □听力 Hearing □ 运动/粗肢体运动 Fine motor/gross □ 牙疼/鹹坏/牙龈出血 Tooth pain/decay/bleeding gums □食物不耐受/特殊饮食-请说明 Food intolerance/special diet − Please describe: 幼儿目前正在参加个别教育计划 (Individual Education Plan, IEP) 或个别家庭服务计划 (Individual Family Service Plan, IFSP)? Does this child have a current and active Individual Education Plan (IEP) or Individual Family Service Plan (IFSP)? □是-请随附一份副本与申请表一起提交. Yes-Please provide a copy with your application. □否 - 请勾选所有适用项 No − Check if any of these apply: □我的孩子进行了评估,并确定有资格获得 IEP,但我们拒绝了服务。 My child had an evaluation and was determined eligible for an IEP, but we declined services. □ 我的孩子过去有过 IFSP,但没有过渡到学区的 IEP。 My child has had an IFSP in the past but did not transition to an IEP with the school district. □ 我的孩子被诊断为发育迟缓或残疾、没有参加 IEP 或被转介接受评估。我. My child has a diagnosed developmental delay or disability with no IEP, or is being referred for evaluation. □ 的孩子疑似发育迟缓或残疾、 My child has a suspected developmental delay or disability.	幼儿信息 – 发育 Child Information - Deve	lopment	
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	have a current and active Individual Education Plan (□ 是 - 请随附一份副本与申请表一起提交. Yes - □ 否 - 请勾选所有适用项 No - Check if any of the □ 我的孩子进行了评估,并确定有资格。 an IEP, but we declined services. □ 我的孩子过去有过 IFSP,但没有过渡: school district. □ 我的孩子被诊断为发育迟缓或残疾、 disability with no IEP, or is being referred f □ 的孩子疑似发育迟缓或残疾. My chil	IEP) or Individual Family Service Plan (IFSP)? Please provide a copy with your application. Ese apply: 获得 IEP,但我们拒绝了服务。 My child had a 到学区的 IEP。 My child has had an IFSP in the p 没有参加 IEP 或被转介接受评估。我. My child or evaluation. d has a suspected developmental delay or disabili	n evaluation and was determined eligible for past but did not transition to an IEP with the d has a diagnosed developmental delay or

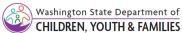


	Child's First Name:	Child's Last Name:
父母 / 监护人信息 Parent/Guardian Informat	ion	
幼儿共同生活人员 This child lives with:		
□ 单亲/一名监护人(填写父母/监护人 1) One par	rent/guardian (complete Parent/Guardian 1)	
□ 同一家庭双亲/两名监护人(填写父母/监护人1年	T 2) Two parents/guardians in the same hou	sehold (complete Parent/Guardian 1 & 2)

□ 两个家庭双亲/两名监护人(填写父母/监护人 1 和 2) | Two parents/guardians in two households (complete Parent/Guardian 1 & 2)

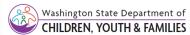
	父母 / 监护人 1 Parent/Guardian 1	父母 / 监护人 2 Parent/Guardian 2
姓名 Name		
与幼儿的关系 Relationship to child	□ 亲生父母/养父母/继父母 Biological/Adopted/Stepparent □ 寄养父母 Foster Parent □ 寄养父母 Aunt/Uncle □ 祖父母 Grandparent □ 祖父母 Other:	□ 亲生父母/养父母/继父母 Biological/Adopted/Stepparent □ 寄养父母 Foster Parent □ 寄养父母 Aunt/Uncle □ 祖父母 Grandparent □ 祖父母 Other:
性别 Gender	□男 M □女 F	□男 M □女 F
性别认同(可选) Gender Identity (optional)		
首选代词(可选) Preferred Pronouns (optional)		
出生日期(年/月/日) Date of Birth (month/day/year)		
地址(包括市、州 、邮编) Address (include City, State, Zip)		
电话 Phone	□ 家庭 Home □ 手机 Cell □ 工作 Work	□ 家庭 Home □ 手机 Cell □ 工作 Work
其他电话 Alternate Phone	□家庭 Home □ 手机 Cell □ 工作 Work	□家庭 Home □ 手机 Cell □ 工作 Work
电子邮箱 Email		
幼儿出生时您未年 满 18 岁? Were you under age 18 when this child was born?	□ 是 Yes □ 否 No □ 不适用 N/A	□ 是 Yes □ 否 No □不适用 N/A
您说哪种语言? What language(s) do you speak?		
是否需要该语言的 口译人员? Do you need an interpreter for this language?	□ 是 Yes □ 否 No	□ 是 Yes □ 否 No
你是西班牙裔/拉丁 裔吗? Are you Hispanic/Latino?	□ 是 Yes □否 No	□ 是 Yes □否 No





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	父母 / 监护人 1 Parent/Guardian 1	父母/监护人 2 Parent/Guardian 2
	□ 非裔/非裔美国人/裔黑人 African/African American/Black	□ 非裔/非裔美国人/裔黑人 African/African American/Black
	□ 亚洲人 Asian	□ 亚洲人 Asian
您的种族? 请勾选所 有适用项. What is	□ 斯加原住民/美洲原住民/美洲印地安人 Alaska Native/Native American/American Indian	□ 斯加原住民/美洲原住民/美洲印地安人 Alaska Native/Native American/American Indian
your race? Check all	□ 夏威夷原住民或太平洋岛民 Native Hawaiian or	□ 夏威夷原住民或太平洋岛民 Native Hawaiian or
that apply.	Pacific Islander	Pacific Islander
	ロ 白人 White	□ 白人 White
	□ 不属于以上列出的种族 Not listed above:	ロ 不属于以上列出的种族 Not listed above:
	□ 6 年级或以下 6 th grade or less	□ 6 年级或以下 6 th grade or less
	□ 7 到 12 年级,无文凭或普通同等学历证 书 (General Equivalency Diploma, GED) 7 th to 12 th grade, no diploma or GED	□ 7 到 12 年级,无文凭或普通同等学历证 书 (General Equivalency Diploma, GED) 7 th to 12 th grade, no diploma or GED
您完成的最高教育 水平? What is the	□ 高中文凭 High school diploma □ GED	□ 高中文凭 High school diploma □ GED
highest level of	│ │ □ 部分大学/高等培训 Some college/advanced training	□ 部分大学/高等培训 Some college/advanced training
education you completed?	│ │ □ 髙等培训大学 / 专业 College/professional certificate	│ │□ 高等培训大学/专业 College/professional certificate
	 □ 证书 副学士学位 Associate degree	 □ 证书 副学士学位 Associate degree
	 □ 学士学位 Bachelor's degree	
	 □ 硕士或博士学位 Master's or doctorate degree	 □ 硕士或博士学位 Master's or doctorate degree
	□ 无 None	□ 无 None
	□ 是 – 每周工作小时数(包括出行? Yes – How many	□ 是 – 每周工作小时数(包括出行? Yes – How many
	hours per week (including travel)?	hours per week (including travel)?
您目前是否在职? Are you currently	雇主名称和电话号码 Employer name & phone #:	雇主名称和电话号码 Employer name & phone #:
employed?	 □ 否 No	 □否 No
	□ 否,已退休或残疾 No, retired or disabled	□ 否,已退休或残疾 No, retired or disabled
	□ 季节性 Seasonal	□ 季节性 Seasonal
	□是 – 每周小时数(包括课堂时间、学习时间、出行)?	□是 – 每周小时数(包括课堂时间、学习时间、出行)?
目前正在参加职业	Yes – How many hours per week (including class time,	Yes – How many hours per week (including class time,
培训或在学校学习	study time, travel)?	study time, travel)?
? Are you currently in job	学校名称和专业/目标 School name &	学校名称和专业/目标 School name &
training or school?	major/goal:	major/goal:
是否参加了批准的		□否 No
WorkFirst 活动?	□ 是 – 请说明活动以及批准的每周 Yes – Describe the	□ 是 – 请说明活动以及批准的每周 Yes – Describe the
Are you in an	activity and the number of approved hours per week:	activity and the number of approved hours per week:
approved WorkFirst activity?	□否 No	□否 No



Child's First Name:	Child's Last Name:	
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	父母 / 监护人 1 Parent/Guardian 1	父母 / 监护人 2 Parent/Guardian 2
	□ 是,现役军人 Yes, current service member	□ 是,现役军人 Yes, current service member
您目前或曾经是否 在美国参军? Are you or have been in the U.S. military?	□ 是,目前或过去 12 个月内接受部署/总计 19 个月 Yes, currently deployed or have been in the last 12 months/for a total of 19 months □ 个月是,退伍军人 Yes, veteran	□ 是,目前或过去 12 个月内接受部署/总计 19 个月 Yes, currently deployed or have been in the last 12 months/for a total of 19 months □ 个月是,退伍军人 Yes, veteran
	□否 No	□否 No

家庭顾虑 | Family Concerns

请勾选您对自己/家人的顾虑. | Please check areas of concern that you have for yourself/family in your household.

- □ 家庭成员有残疾或有慢性身体或精神健康 状况,并且 | Household member has a disability or has a chronic physical or mental health condition and is:
 - □ 无法从事工作/学校/家庭生活 | Unable to engage in work/school/family life
 - □ 有点能够从事工作/学校/家庭生活 |
 Somewhat able to engage in work/school/
 family life
 - □ 大部分时间能够从事工作/学校/家庭 生活 | Mostly able to engage in work/school/family life
- □ 孩子的父母/监护人有学习困难,没有残疾 | Child's parent/guardian has learning difficulties, no disability
- □ 家庭中的家庭暴力(过去或现在),包括 在子宫内 | Household domestic violence (past or current), including *in utero*
- □ 家庭药物/酒精问题或药物滥用(过去或现在),包括在子宫内 | Household drug/alcohol issues or substance abuse (past or current), including *in utero*

- □家庭在社会上是孤立的,完全或几乎完全没有与他人联系 | Family is socially isolated, with complete or near-complete lack of contact with others
- 口孩子的父母/监护人对获得或保住工作的 担忧 | Child's parent/guardian concern for getting or keeping a job
- □ 家人有法律上的顾虑 | Family has legal concerns
- □ 孩子有一个家庭成员曾就读于美国原住民 寄宿学校 | Child has a family member who attended Indian Boarding School
- □ 孩子的父母/监护人是农民工或季节性工人,家庭收入的一半以上来自农业工作 | Child's parent/guardian is a migrant or

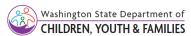
Child's parent/guardian is a migrant or seasonal worker with more than half of family income coming from agricultural work

□ 父母和孩子搬迁地点从事传统文化习俗或 就业(季节性或临时性农业或渔业) | Parent and child moved to engage in traditional cultural practices or employment

(seasonal or temporary in agricultural or

fishing)

- □ 最近的移民/难民(过去 5 年) | Recent immigrant/refugee (past 5 years)
- □ 孩子的父母/监护人被监禁 | Child's parent/guardian is incarcerated
- □ 失去父母(死亡、遗弃或驱逐出境) | Loss of a parent (death, abandonment, or deportation)
- □ 孩子的父母/监护人在孩子的一生中离婚 或分居 | Child's parents/guardians divorced or separated during child's life
- □ 曾经无家可归的家庭(过去 **12** 个月内) | Family previously homeless (in the last 12 months)
- □家人对住房有顾虑 | Family concerns with housing



	Child's First Name: Child's Last Name:
 家庭居住条件 Family Living Situation	
家庭是否收到住房补贴,比如住房补贴凭证或现cash assistance for housing? □ 是 Yes □ 否 No	见金住房援助? Does this household receive subsidized housing such as a housing voucher or
家庭目前的居住条件?《麦基尼-文托法案》(M 们确定幼儿有资格接受的服务. What is your far children and youth experiencing homelessness. You 口自有房屋 Own	AcKinney-Vento Act) 为无家可归的幼儿和青少年提供服务和支持。 您的回答可能有助于我 mily's current housing situation? The McKinney-Vento Act provides services and supports for ar answers may help us determine the services your child may be eligible to receive. 其他人的住房或与其他家庭共用公寓(选择下面的一个选项) In someone else's house or apartment with another family (select one option below):
□汽车旅馆 In a motel	▶ □由于失去住房、经济困难或类似原因 Due to loss of housing, economic hardship, or similar reason □ 过渡性住房 Transitional Housing
口汽车、公园、校园或类似场所 A car, park, campsite, or similar location	□ 四处搬家/沙发客 Moving from place to place/couch surfing □ 设施不完备(无水、热、电)的住宅 In a residence with inadequate facilities (no water, neat, electricity)
口 其他 – 请说明 Other – Please describe:	
you, this child, or another person living in your hon	I Family Size F您具有血缘、婚姻或收养关系的人员接受这些类型的公共援助) Check all that apply if he related to you by blood, marriage, or adoption receive these types of Public Assistance: by: 口幼儿 Child 口父母/监护人 Parent/Guardian
□ 其他人 – 与幼儿的关系 Other – Relationship t	to child: l eedy Families, TANF) 现金 Temporary Assistance for Needy Families (TANF) cash
□基本食物 (SNAP/FAP) Basic Food (SNAP/FAP)	Temporary / State / Source Temporary / Source for Needy Families (TANT) cash
请勾选所有适用项(如果家庭接受下列援助) □ 仅针对幼儿的 TANF Child-only TANF □ Work	Check all that apply if your family receives the following:
	ild Care) 补贴 Working Connections Child Care subsidy
是否是机构推荐您参加此计划? Were you refer	red to this program by an agency?





Child's First Name:	Child's Last Name:
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请列出住在这个孩子的主要家庭中的所有人。 Please list all people living in this child's primary household.				
姓名(名字和姓氏) Name (First and Last)	出生日期 (年/月/日) Birthdate (month/day/year)	与幼儿的关系 Relationship to child	您是否在财务上支持此 人? Do you financially support this person?	此人是否与您具有血缘、婚姻 或收养关系? Is this person related to you by blood, marriage, or adoption?
			□ 是 Yes □否 No	□ 是 Yes □否 No
			□ 是 Yes □否 No	□ 是 Yes □否 No
			□ 是 Yes □否 No	□ 是 Yes □否 No
			□ 是 Yes □否 No	□ 是 Yes □否 No
			□ 是 Yes □否 No	□ 是 Yes □否 No
			□ 是 Yes □否 No	□ 是 Yes □否 No
			□ 是 Yes □否 No	□ 是 Yes □否 No
			□ 是 Yes □否 No	□ 是 Yes □否 No
			□ 是 Yes □否 No	□ 是 Yes □否 No
			□ 是 Yes □否 No	□ 是 Yes □否 No

您家中居住的家庭成员总数是多少,包括您自己和幼儿? | What is the total number of family members living in your home, including yourself and this child?

过去一个日历年或过去 **12** 个月, **您家庭的估计总收入达到多少?** | What is your total estimated household income for the last calendar year or the last 12 months?

本人承诺此表中的信息准确无误。 本人已按早教计划的要求报告所有收入和家庭人数。 本人知悉,如本人故意提供虚假信息,本人家庭可能无法继续接受计划服务。 此外,如果我的孩子注册 ECEAP,本人可能需要偿还为本人孩子花费的金额。

本人知悉,本申请表所载信息将输入儿童、青年和家庭部 (Department of Children, Youth, and Families, DCYF) 及普吉湾教育服务区 (Puget Sound Educational Service District, PSESD) 所运作的各种早教数据库。 DCYF 和 PSESD 承诺保护可识别幼儿或家庭的机密和个人信息。 与移民 状态有关的信息不输入数据库或与州或联邦机构共享。 数据库中的信息可用于以下用途:

- 调查研究,以确定参与早教是否有助于孩子以后的生活.
- 证明华盛顿州将部分资金投入家庭计划,这是从联邦政府接受贫困家庭临时援助资金的必要条件。

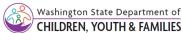
I promise that the information on this form is true and correct. I have reported all my income and family size, as required by the Early Learning Programs. If I knowingly provide false information, I understand my family may be unable to continue program services. Additionally, if my child is enrolled in ECEAP, I may have to repay the amount spent on my child.

I understand that information from this application is entered in various Early Learning databases operated by the Department of Children, Youth, and Families (DCYF) and Puget Sound Educational Service District (PSESD). DCYF and PSESD are committed to protecting confidential and personal information that could identify a child or family. No information related to immigration status is entered in the databases or shared with state or federal agencies. Information in the databases may be used for the following:

- Research studies to determine if participating in Early Learning helps children later in life.
- To prove Washington State spends some of their own dollars on programs for families, which is required to receive Temporary Assistance for Needy Families dollars from the federal government.

父母 / 监护人签名 Parent/Guardian Signature			
日期 Date	(ECEAP Staff: Enter this date in ELMS)		





	Child's First Name:	Child's Last Name:		
*Staff Only – If not signed, complete below. Parent signature must be obtained as soon as possible, or no later than the				
enrollment visit.				
Reviewed and received verbal verification on (da	ate):	Staff Initials:		

(ECEAP Staff: Enter this date in ELMS if not signed – you cannot update this once the ELMS application is locked)

Date:

PSESD Early Learning Staff Only Section 1: Staff who finalize and determine eligibility complete this section before placing in the Master Waitlist Drawer Child's Age: Total Verified Family Size: Total Verified Income: **Total Points:** Date received: Site Name/ID: (This date will determine eligibility timeframe) **EHS Only** - Is this child a newborn taking a pregnancy slot? ☐ Yes ☐ No If yes, pregnant participant's name: Section 2: For McKinney-Vento Act children/families. Check services the family received. Staff should provide resources within 24-48 hours. □ Childcare resources ☐ Immunization/medical records ☐ Medicaid/DSHS services – Food stamps/TANF ☐ Clothing resources □ Vision referral □ College/vocational/technical resources ☐ School supplies ☐ Hygiene products/toiletries ☐ School transportation (if site provides) ☐ Medical/dental referral ☐ Food resources □ Other: ☐ Housing/shelter referral ☐ Birth certificate



Staff Name & Signature:

