早教申請 2023-2024
Early Learning Application 2023-2024
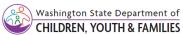
Early Learning

psesd
excellence & equity in education
Puget Sound Educational Service District

Staff Only - ChildPlus ID:	ELMS ID:

幼兒資訊 – 基本資料 | Child Information – General

名字 | First Name:	中間名縮寫 | Middle Initial:
姓氏 | Last Name:	首選名稱 | Preferred Name:
出生日期（年/月/日）| Date of Birth (month/day/year):	性別 | Gender: □ 男 | M □ 女 | F
性別認同（可選）| Gender Identity (optional):	首選代詞（可選）| Preferred Pronouns (optional):

幼兒的家庭語言? | What is this child's home language?		第二語言| 2nd language:
幼兒使用的語言 | This child speaks:	□僅說英語 | Only English　　□大部分英語，夾雜其他語言 | Mostly English and another language　　□使用英語和其他語言的情況差不多（雙語）| Both English and another language the same (bilingual)	□ *部分英語，大部分為其他語言 | *Some English, but mostly another language　　□ *僅說英語以外的另外一種語言 | *Only a language other than English

幼兒是西班牙裔/拉丁裔? | Is this child Hispanic/Latino? □ 是 | Yes □ 否 | No
幼兒的種族？請勾選所有適用項. | What is this child's race? Check all that apply.
□非裔/非裔美國人/裔黑人 | African/African American/Black　　□夏威夷原住民或太平洋島民 | Native Hawaiian or Pacific Islander □亞洲人 | Asian　　□白人 | White □斯加原住民/美洲原住民/美洲印地安人 | Alaska Native/Native American/American Indian　　□不屬於以上列出的種族 | Not listed above:
您的家庭背景/宗族/來源國? | What is your family's heritage/tribe/country of origin?
这个孩子是按成员身份还是按祖先/血统归属于部落的? | Is this child part of a tribe either by membership or by ancestry/lineage? □ 是 | Yes □ 否 | No

幼兒之前是否曾報名參加過這些計劃？僅勾選最近參加的 | Has this child been previously enrolled in these programs? Only check the most recent.
□無 | None □嬰幼兒早期支持 (ESIT)、IDEA C 部分、ECLIPSE 出生到三歲的早期干預| Early Support for Infants and Toddlers (ESIT), IDEA Part C, ECLIPSE, or any Birth-to-Three Early Intervention	□ **King** 或 **Pierce** 縣的啟蒙/早期啟蒙/ECEAP/早期 ECEAP | Head Start/Early Head Start/ECEAP/Early ECEAP in King or Pierce County, Washington State □另一個華盛頓州縣的先機/早期先機/ECEAP/早期 ECEAP | Head Start/Early Head Start/ECEAP/Early ECEAP in another Washington State County	□ 華盛頓州任意地點移民/季節性啟蒙計劃 | Migrant/Seasonal Head Start anywhere in Washington State
幼兒上次參加計劃的時間? | When did this child last attend?　　計劃名稱和地點 | Name and location of program:
幼兒目前是否註冊此地的社區席位? | Is this child currently enrolled in a community slot at this site? □ 是 | Yes □ 否 | No
幼兒是目前在此地註冊兒童的兄弟姐妹? | Is this child a sibling of a child currently enrolled in the program you are applying to? □ 是 | Yes □ 否 | No

Head Start
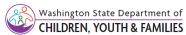Washington State Department of CHILDREN, YOUTH & FAMILIES

Child's First Name:	Child's Last Name:

以下資訊僅供參考。 回答「是」不影響您參加計劃的資格和註冊。 | The questions below are for information only. Answering "Yes" will not affect your eligibility or enrollment in the program.

幼兒由官方寄養機構照顧或由親屬在有補助金的情況下照顧? | Is this child in official foster care or kinship care with a grant amount?

□ 是 | Yes □ 否 | No

否如回答是，案件號或客戶 ID 號是多少? | If yes, what is the Case Number or Client ID Number?

每月補助/付款金額和來源?	What is the monthly grant/payment amount and source? **$** 補助金涵蓋的兒童數量| # of children covered by grant amount:	□ **DSHS** □ **SSI** □宗族	Tribe □其他	Other

幼兒由親屬撫養，但無補助金? | Is this child in kinship care **without** a grant amount? □ 是 | Yes □ 否 | No

幼兒是從寄養機構或親屬撫養家庭或從其他國家的孤兒院領養的嗎? | Was this child adopted after foster care or kinship care or from orphanage from another country? □ 是 | Yes □ 否 | No

幼兒在寄養或親屬撫養後近期是否與父母團聚? | Was this child recently reunited with their parent(s) after foster care or kinship care?

□ 是 | Yes □ 否 | No

您的家庭目前是否獲得兒童保護服務(Child Protective Services, CPS)、家庭評估回應(Family Assessment Response, FAR)、印地安兒童福利 **(Indian Child Welfare, ICW)** 或執法/法院系統的服務? | Does your family currently receive services /support through Child Protective Services (CPS), Family Assessment Response (FAR), Indian Child Welfare (ICW), comparable tribal services, or law enforcement/court system?

□ 是 | Yes □ 否 | No

您的家庭過去是否接受過 **CPS/FAR/ICW** 或執法/法院系統的服務? | Has your family received services/support from CPS/FAR/ICW, comparable tribal services, or law enforcement/court system in the past? □ 是 | Yes □ 否 | No

您的家庭目前通過了 **CPS** 或 **FAR** 兒童保育批准？ 是 – 批准每週多少個? | Is your family currently approved for childcare through CPS or FAR?

□小時? | Yes – How many approved hours per week?   □ 否 | No

幼兒是否曾因行為問題而被要求退出早教計劃? | Has this child ever been asked to leave an early learning program because of behavior issues?

□ 是 | Yes □ 否 | No

幼兒資訊 – 健康 | Child Information – Health

幼兒是否有醫療保險? | Does this child have medical insurance? □是 | Yes □否 | No

如有，醫療保險類型?	If yes, what type?	□ **Washington Apple Health/ProviderOne**	□私人保險	Private Insurance	□宗族	Tribal	□軍事醫療保險	Military Medical Coverage

幼兒是否有私人醫生或醫療診所? | Does this child have a regular doctor or medical clinic?

□有 – 診所/服務提供方名稱 | Yes - Name of clinic/provider: 醫療專業人員姓名 | Name of medical professional:

□無 | No

幼兒在過去 **12** 個月內是否接受過兒童健康檢查？ 是 – 上次檢查日 | Did this child have a well-child exam within the last 12 months?

□上次檢查日期（年/月/日） | Yes – Date of last exam (month/day/year):

□ 否 | No   □日期未知 | Date Unknown

幼兒是否有牙科保險? | Does this child have dental insurance? □ 是 | Yes □否 | No

如有，牙科保險類型?	If yes, what type?	□ **Washington Apple Health/ProviderOne**	□私人保險	Private Insurance	□宗族	Tribal	□ **ABCD**	□軍事醫療保險	Military Medical Coverage

幼兒是否有私人牙醫或牙科診所？ 有 – 診所/服務提供 | Does this child have a regular dentist or dental clinic?

□方名稱 | Yes - Name of clinic/provider: 牙科專業人員姓名 | Name of dental professional:

□無 | No

幼兒在過去 **6** 個月內是否接受過牙科檢查？ 是 – 上次檢查 | Did this child have dental exam within the last 6 months?

□上次檢查日期（年/月/日） | Yes – Date of last exam (month/day/year):

□ 否 | No   □日期未知 | Date Unknown

Child's First Name:	Child's Last Name:

幼兒的免疫狀態如何? | 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 □不確定 | Not sure

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是否曾有醫療保健服務提供方診斷幼兒患有慢性疾病（可能包括心理健康、哮喘、癌症、糖尿病、癲癇、注意力缺陷多動症**(Attention Deficit Hyperactivity Disorder, ADHD)**、自閉症、脊柱裂、鐮狀細胞病或危及生命的過敏）**? |** 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 – 請說明 | Yes – Please describe:

□否 | No

認為健康問題 | The health condition is considered:

□嚴重 | Severe □中等 | Moderate □ 輕微 | Mild

醫療保健提供者是否診斷出這種情況? | Has a Health Care Provider diagnosed this condition? □ 是 | Yes □ 否 | No

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幼兒資訊 – 發育 | Child Information - Development

您是否擔憂幼兒的健康狀況 | Do you have concerns about this child's health?
□是 – 請勾選以下所有適用項 | Yes – check all that apply below □ 否 | No

□出重體重輕（低於 **5.5 磅/5 磅 8 盎司**）| Low birth weight (less than 5.5 lbs/5 lbs 8 oz.)
□聽力 | Hearing
□視力 | Vision

□ **37 週前早產精細肢體運動/粗肢體 |** Preterm birth less than 37 weeks
□運動 | Fine motor/gross motor

□受藥物**/**酒精影響 | Drug/alcohol affected
□牙疼**/**齲壞**/**牙齦出血 | Tooth pain/decay/bleeding gums

□食物不耐受**/**特殊飲食 **–** 請說明 | Food intolerance/special diet – Please describe:

幼兒目前正在參加個別教育計劃 **(Individual Education Plan, IEP)** 或個別家庭服務計劃**(Individual Family Service Plan, IFSP)**? | Does this child have a current and active Individual Education Plan (IEP) or Individual Family Service Plan (IFSP)?

□ 是 –請隨附一份副本與申請表一起提交. | Yes – Please provide a copy with your application.

□ 否 –請勾選所有適用項 | No – Check if any of these apply:

　　□ 我的孩子進行了評估，並確定有資格獲得 **IEP**，但我們拒絕了服務。| My child had an evaluation and was determined eligible for an IEP, but we declined services.

　　□ 我的孩子過去有過 **IFSP**，但沒有過渡到學區的 **IEP**。| My child has had an IFSP in the past but did not transition to an IEP with the school district.

　　□ 我的孩子被診斷為發育遲緩或殘疾、沒有參加 **IEP** 或被轉介接受評估。我 | My child has a diagnosed developmental delay or disability with no IEP, or is being referred for evaluation.
　　□ 的孩子疑似發育遲緩或殘疾。| My child has a suspected developmental delay or disability.
　　□ 我擔心我孩子的發育。| I have concerns about my child's development.

Child's First Name:	Child's Last Name:

父母/監護人資訊 | Parent/Guardian Information

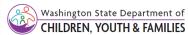| 幼兒共同生活人員 | This child lives with: |
|---|
| □單親/一名監護人（填寫父母/監護人 **1**）| One parent/guardian (complete Parent/Guardian 1) |
| □同一家庭雙親/兩名監護人（填寫父母/監護人 **1** 和 **2**）| Two parents/guardians in the same household (complete Parent/Guardian 1 & 2) |
| □兩個家庭雙親/兩名監護人（填寫父母/監護人 **1** 和 **2**）| Two parents/guardians in two households (complete Parent/Guardian 1 & 2) |

	父母/監護人 **1**	Parent/Guardian 1	父母/監護人 **2**	Parent/Guardian 2
姓名	Name		
與幼兒的關係	Relationship to child	□親生父母/養父母/繼父母 | Biological/Adopted/Stepparent □寄養父母 祖父 | Foster Parent □母 | Grandparent　　□姨母/叔父 | Aunt/Uncle　□其他 | Other:	□親生父母/養父母/繼父母 | Biological/Adopted/Stepparent □寄養父母 祖父 | Foster Parent □母 | Grandparent　　□姨母/叔父 | Aunt/Uncle　□其他 | Other:
性別	Gender	□ 男 | M □ 女 | F	□ 男 | M □ 女 | F
Gender Identity (optional)		
Preferred Pronouns (optional)		
出生日期（年/月/日）| Date of Birth (month/day/year)		
地址（包括市、州、郵編）| Address (include City, State, Zip)		
電話	Phone	□家庭 | Home □手機 | Cell □工作 | Work	□家庭 | Home □手機 | Cell □工作 | Work
其他電話	Alternate Phone	□家庭 | Home □手機 | Cell □工作 | Work	□家庭 | Home □手機 | Cell □工作 | Work
電子郵箱	Email		
幼兒出生時您未年滿 **18** 歲?	Were you under age 18 when this child was born?	□ 是 | Yes □ 否 | No □不適用 | N/A	□ 是 | Yes □ 否 | No □不適用 | N/A
您說哪種語言?	What language(s) do you speak?		
是否需要該語言的口譯人員?	Do you need an interpreter for this language?	□ 是 | Yes □ 否 | No	□ 是 | Yes □ 否 | No
你是西班牙裔/拉丁裔嗎?	Are you Hispanic/Latino?	□ 是 | Yes □ 否 | No	□ 是 | Yes □ 否 | No

	Child's First Name:	Child's Last Name:

	父母/監護人 1	Parent/Guardian 1	父母/監護人 2	Parent/Guardian 2
您的種族？請勾選所有適用項 | What is your race? Check all that apply.	☐ 非裔/非裔美國人/亞裔黑人| African/African American/Black ☐ 亞洲人 | Asian ☐ 斯加原住民/美洲原住民/美洲印地安人| Alaska Native/Native American/American Indian ☐ 夏威夷原住民或太平洋島民 | Native Hawaiian or Pacific Islander ☐ 白人 | White ☐不屬於以上列出的種族 | Not listed above:	☐ 非裔/非裔美國人/亞裔黑人| African/African American/Black ☐ 亞洲人 | Asian ☐ 斯加原住民/美洲原住民/美洲印地安人| Alaska Native/Native American/American Indian ☐ 夏威夷原住民或太平洋島民 | Native Hawaiian or Pacific Islander ☐ 白人 | White ☐不屬於以上列出的種族 | Not listed above:
您完成的最高教育水準? | What is the highest level of education you completed?	☐ 6 年級或以下 | 6th grade or less ☐ 7 到 12 年級，無文憑或普通同等學歷證書 | 7th to 12th grade, no diploma or GED ☐ 高中文憑 | High school diploma ☐ GED ☐ 部分大學/高等培訓 | Some college/advanced training ☐ 大學/專業證書 | College/professional certificate ☐ 副學士學位 | Associate degree ☐ 學士學位 | Bachelor's degree ☐ 碩士或博士學位 | Master's or doctorate degree ☐ 無 | None	☐ 6 年級或以下 | 6th grade or less ☐ 7 到 12 年級，無文憑或普通同等學歷證書 | 7th to 12th grade, no diploma or GED ☐ 高中文憑 | High school diploma ☐ GED ☐ 部分大學/高等培訓 | Some college/advanced training ☐ 大學/專業證書 | College/professional certificate ☐ 副學士學位 | Associate degree ☐ 學士學位 | Bachelor's degree ☐ 碩士或博士學位 | Master's or doctorate degree ☐ 無 | None
您目前是否在職? | Are you currently employed?	☐是 – 每週工作小時數（包括出行）？ | Yes – How many hours per week (including travel)? 　　雇主姓名和電話號碼 | Employer name & phone #: ☐ 否 | No ☐ 否，已退休或殘疾 季節 | No, retired or disabled ☐ 性 | Seasonal	☐是 – 每週工作小時數（包括出行）？ | Yes – How many hours per week (including travel)? 　　雇主姓名和電話號碼 | Employer name & phone #: ☐ 否 | No ☐ 否，已退休或殘疾 季節 | No, retired or disabled ☐ 性 | Seasonal
目前正在參加職業培訓或在學校學習? | Are you currently in job training or school?	☐是 –每週多少小時（包括上課時間、學習時間、旅行）？ | Yes – How many hours per week (including class time, study time, travel)? 　　學校名稱和專業/目標 | School name & major/goal: ☐ 否 | No	☐是 –每週多少小時（包括上課時間、學習時間、旅行）？ | Yes – How many hours per week (including class time, study time, travel)? 　　學校名稱和專業/目標 | School name & major/goal: ☐ 否 | No
是否參加了批准的 WorkFirst 活動? | Are you in an approved WorkFirst activity?	☐是 – 請說明活動以及批准的每週小時數| Yes – Describe the activity and the number of approved hours per week: ☐ 否 | No	☐是 – 請說明活動以及批准的每週小時數 | Yes – Describe the activity and the number of approved hours per week: ☐ 否 | No
您目前或曾經是否在美國參軍? | Are you or have been in the U.S. military?	☐是，現役軍人 | Yes, current service member ☐是，目前或過去 12 個月內接受部署/總計 19 個月是 | Yes, currently deployed or have been in the last 12 months/for a total of 19 months ☐ 是，退伍軍 | Yes, veteran ☐ 人 否 | No	☐是，現役軍人 | Yes, current service member ☐是，目前或過去 12 個月內接受部署/總計 19 個月是 | Yes, currently deployed or have been in the last 12 months/for a total of 19 months ☐ 是，退伍軍 | Yes, veteran ☐ 人 否 | No

Language: Chinese (Traditional) / English

Child's First Name:	Child's Last Name:

家庭顧慮 | 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.

☐ 請勾選您對自己/家人的顧慮 | Household member has a disability or has a chronic physical or mental health condition and is:

  ☐ 無法參加工作/上學/家庭生活 | Unable to engage in work/school/family life

  ☐ 可在一定程度上參加工作/上學/家庭生活 | Somewhat able to engage in work/school/ family life

  ☐ 能夠參加大部分工作/上學/家庭生活 | Mostly able to engage in work/school/family life

☐ 孩子的父母/監護人有學習困難，沒有殘疾 | Child's parent/guardian has learning difficulties, no disability

☐ 家庭暴力（過去或現在），包括在子宮內 | Household domestic violence (past or current), including *in utero*

☐ 藥物/酒精問題或藥物濫用（過去或現在），包括在子宮內 | 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

☐ 孩子的父母/監護人對獲得或保住工作的擔憂 | Child's parent/guardian concern for getting or keeping a job

☐ 家人有法律上的顾虑 | Family has legal concerns

☐ 孩子的家庭成員曾就讀於美國原住民寄宿學校 | Child has a family member who attended Indian Boarding School

☐ 孩子的父母/監護人是農民工或季節性工人，家庭收入的一半以上來自農業工作 | Child's parent/guardian is a migrant or seasonal worker with more than half of family income coming from agricultural work

☐ 父母和孩子搬到从事传统文化习俗或就业（季节性或临时从事农业或渔业）| Parent and child moved to engage in traditional cultural practices or employment (seasonal or temporary in agricultural or fishing)

☐ 近期移民/難民（過去 5 年）| Recent immigrant/refugee (past 5 years)

☐ 幼兒父母/監護人受到監禁 | Child's parent/guardian is incarcerated

☐ 失去父親或母親（死亡、遺棄或驅逐出境）| Loss of a parent (death, abandonment, or deportation)

☐ 幼兒父母/監護人在其幼兒期離婚或分居 | Child's parents/guardians divorced or separated during child's life

☐ 家庭之前無住所（過去 12 個月內）| Family previously homeless (in the last 12 months)

☐ 家庭在住房方面存在顧慮 | Family concerns with housing

家庭居住條件 | Family Living Situation

家庭是否收到住房補貼，比如住房補貼憑證或現金住房援助? | Does this household receive subsidized housing such as a housing voucher or cash assistance for housing? ☐ 是 | Yes ☐ 否 | No

家庭目前的居住條件？《麥基尼-文托法案》(McKinney-Vento Act) 為無家可歸的幼兒和青少年提供服務和支援。 您的回答可能有助於我們確定幼兒有資格接受的服務。 | What is your family's current housing situation? The McKinney-Vento Act provides services and supports for children and youth experiencing homelessness. Your answers may help us determine the services your child may be eligible to receive.

☐ 自有房屋 | Own
☐ 租賃房屋 | Rent
☐ 軍隊—等待永久性住房| Military – waiting for permanent housing

☐ 汽車旅館 | In a motel
☐ 庇護所 | In a shelter
☐ 汽車、公園、校園或類似場所 | A car, park, campsite, or similar location

☐ 其他人的住房或與其他家庭共用公寓（選擇下面的一個選項）| In someone else's house or apartment with another family:

  ➤ ☐ 通過選擇（例如，分攤責任、與家人親近等）| By choice (e.g., to share responsibilities, to be close to family, etc.)

  ➤ ☐ 因喪失住房、經濟困難或類似原因 | Due to loss of housing, economic hardship, or similar reason

☐ 過渡性住房 | Transitional Housing

☐ 四處搬家/沙發客 | Moving from place to place/couch surfing

☐ 設施不完備（無水、熱、電）的住宅 | In a residence with inadequate facilities (no water, heat, electricity)

☐ 其他 – 請說明 | Other – Please describe:

Child's First Name:	Child's Last Name:

家庭收入和成員數量 | Family Income and Family Size

請勾選所有適用項（如果您、幼兒或家中其他與您具有血緣、婚姻或收養關係的人員接受這些類型的公共援助）| Check all that apply if you, this child, or another person living in your home related to you by blood, marriage, or adoption receive these types of Public Assistance:

□接受殘疾 **SSI** 的人員 | SSI for disability received by: □幼兒| Child □父母**/**監護人 | Parent/Guardian

□其他人 – 與幼兒的關係 | Other – Relationship to child:

□貧困家庭臨時援助**(Temporary Assistance for Needy Families, TANF)** 現金 | Temporary Assistance for Needy Families (TANF) cash

□基本食物 **(SNAP/FAP)**| Basic Food (SNAP/FAP)

請勾選所有適用項（如果家庭接受下列援助）| Check all that apply if your family receives the following:

□ 僅針對幼兒的 **TANF** | Child-only TANF □ **WorkFirst** □就業關係之托兒服務**(Working Connections Child Care)** 補貼 | Working Connections Child Care subsidy □婦女、嬰兒及兒童營養補充特別計劃**(Women, Infants and Children, WIC)** | WIC

是否是機構推薦您參加此計劃**?** | Were you referred to this program by an agency?

□ 是 | Yes - Name: □ 否 | No

請列出住在這個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)	與幼兒的關係 | Relationship to child	您是否在財務上支持此人？ | Do you financially support this person?	此人是否與您具有血緣、婚姻或收養關係？ | 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員總數是多少，包括您自己和幼兒**?** | What is the total number of family members living in your home, including yourself and this child?

過去一個日曆年或過去 12 個月，您家庭的估計總收入達到多少**?** | What is your total estimated household income for the last calendar year or the last 12 months?

Child's First Name:	Child's Last Name:

本人承諾此表中的資訊準確無誤。 本人已按早教計劃的要求報告所有收入和家庭人數。 本人知悉，如本人故意提供虛假資訊，本人家庭可能無法繼續接受計劃服務。 此外，如果我的孩子註冊 ECEAP，本人可能需要償還為本人孩子花費的金額。

本人知悉，本申請表所載資訊將輸入兒童、青年和家庭部(Department of Children, Youth, and Families, DCYF) 及普吉灣教育服務區(Puget Sound Educational Service District, PSESD) 所運作的各種早教資料庫。 DCYF 和 PSESD 承諾保護可識別幼兒或家庭的機密和個人資訊。 與移民狀態有關的資訊不輸入資料庫或與州或聯邦機構共用。 資料庫中的資訊可用於以下用途：

- 調查研究，以確定參與早教是否有助於孩子以後的生活。

- 證明華盛頓州將部分資金投入家庭計劃，這是從聯邦政府接受貧困家庭臨時援助資金的必要條件。

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/監護人簽名 | Parent/Guardian Signature _____

日期 | Date _____ **(ECEAP Staff: Enter this date in ELMS)**

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*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 (date):	Staff Initials:

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

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:

Site Name/ID:	Date received: (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: **Date:**