**2022-2023 ECEAP Prescreen **

 **& Application (Combined Form)**

School Year Applying for: 2022-2023

Return to: Multicultural Child and Family Hope Center

 2021 South 19th St. Tacoma, WA

**Section 1: Child Information**

Legal First Name Middle Name Legal Last NameChild Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nick Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender Identity\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this child a member of a tribal nation? 𐀋 Yes 𞀩 No

**IEP** - Is this child on an Individualized Education Program (IEP)? ꠛ Yes ꠛ No

**CPS** - Is this child’s family actively involved in and/or receiving support from Tribal or State

Systems including Child Protective Services (CPS), Family Assessment Response (FAR), Indian ꠛ Yes ꠛ No

Child Welfare (ICW), comparable triable services or Law Enforcement/court system regarding

child abuse, neglect, or sexual assault?

**Foster Care** - Is this child in official foster care? *This means there is a caregiver authorization*

*from a state or tribe that says this is a foster care placement ꠛ* Yes *ꠛ* No

**Kinship** - Is this child in kinship care with a relative or suitable other, with or without a grant? ꠛ Yes ꠛ No

**Adopted after foster/kinship care** - Was this child adopted after foster care, kinship care, or

after living in an orphanage in another country (*This does not include other adoptions*)? ꠛ Yes ꠛ No

 **Housing** *(select one)*

ꠛ Rent or own an adequate residence

ꠛ Doubled-up with another family for convenience, choosing to be close to family or friends, or choosing

 to save money for future plans

ꠛ Doubled-up with another family due to loss of housing, economic hardship, or a similar reason In an emergency or transitional shelter

ꠛ Sleeping in a hotel, motel, car, park, campsite, or similar location

ꠛ Moving from place to place (couch surfing)

ꠛ Inadequate housing such as no water, heat or electricity; excessive mold; or no cooking facilities **Language** This child speaks *(select only one)*

ꠛ Only English Child’s first language:

ꠛ Mostly English, and some of another home language

ꠛ Some English, but mostly another home language Child’s second language:

ꠛ English and another language at age level (bilingual)

ꠛ Only a home language other than

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 **Is this child Hispanic/Latino? ꠛ** Yes ꠛ No

ꠛ Argentinian ꠛGuatemalan ꠛ Puerto Rican

ꠛ Bolivian 𞠡Honduran 𞠡 Salvadoran

𞠡Chilean 𞠡Mexican or Mexican-American 𞠡Spanish

𞠡Colombian (Chicano) 𞠡 Uruguayan

𞠡Costa Rican 𞠡Nicaraguan 𞠡 Venezuelan

𞠡Cuban 𞠡Panamanian 𞠡 Latin American

𞠡Dominican 𞠡Peruvian 𞠡Other Hispanic or Latino

Ecuatorian (Ecuadorian) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What race(s) do you consider this child?** *(Check all that apply)*

𞠡 **White** 𞠡 **American Indian** 𞠡 **Native Hawaiian or Other**

𞠡 **Black or African American 𞠡** Chehalis **Pacific Islander**

**𞠡 Alaska Native 𞠡** Chinook

 𞠡 Aleut (Unangan) 𞠡 Colville 𞠡 Fijian

 𞠡 Alutiiq 𞠡 Cowlitz 𞠡 Guamanian

 𞠡 Athabaskan 𞠡 Duwamish 𞠡 Kosraean

 𞠡 Eskimo (Inupiaq or Yupik) 𞠡 Hoh 𞠡 Mariana Islander

 𞠡 Eyak 𐀊 Jamestown 𞠡 Marshall Islander

 𞠡 Haida 𞠡 Kalispel 𞠡 Melanesian

 𞠡 Tlingit 𞠡 Kikiallus 𞠡 Micronesian

 𞠡 Tsimshian 𞠡 Lower Elwha 𞠡 Native Hawaiian

 𞠡 Other Alaska Native 𞠡 Lummi 𞠡 Palauan

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 𞠡 Makah 𞠡 Papua New Guinean

 𞠡 **Asian 𞠡** Muckleshoot 𐀔 Ponapean (Pohnpeian)

 **𞠡** Asian Indian 𞠡 Nisqually  **𞠡** Samoan

 **𞠡** Bangladeshi 𞠡 Nooksack 𞠡 Solomon Islander

 𞠡 Bhutanese 𞠡 Port Gamble Klallam 𞠡 Tahitan

 𞠡 Burmese 𞠡 Puyallup 𞠡 Tarawa Islander

 𞠡 Cambodian/Kampuchean 𞠡 Quileute 𞠡 Tokelauan

 𞠡 Chinese 𞠡 Quinault 𞠡 Tongan

 𞠡 Filipino 𞠡 Samish 𞠡 Trukese (Chuukese)

 𞠡 Hmong 𞠡 Sauk-Suiatte 𞠡 Vanuatuan/New Hebrides

 𞠡 Indonesian 𞠡 Shoalwater 𞠡 Yapese

 𞠡 Japanese 𞠡 Skokomish 𞠡 Other Pacific Islander

 𞠡 Korean 𐀄 Snohomish \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 𞠡 Laotian 𞠡 Snoqualmie

 𞠡 Madagascar 𞠡 Snoqualmoo

 𞠡 Malayan 𐀕 Spokane

 𞠡 Maidivian 𐀂Squaxin Island

 𞠡 Mongolian 𞠡 Steilcoom

 𐀢 Nepali 𐀓 Stillaguamish

 𐀔 Pakistani 𐀥 Suquamish

 𐀥 Singaporean 𐀒 Swinomish

 𐀓 Sri Lankan 𐀅 Tulalip

 𐀁 Taiwanese 𐀔 Upper Skagit

 𐀔 Thai 𐀓 Yakama

 𐀡 Vietnamese 𐀒 Other American Indian

 𐀓 Other Asian

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Section 2: Household Members** |
| --- |
|  *Please list everyone living in the household who may be counted in family size*. For families temporarily living with relatives or others, do not list the hosts. For families with two households when there is joint custody with no primary parent and no child support: • Enter the household members for both households in the graph below. • Mark members of the second household. • Then, answer the questions about financial support and relationships*.* ❖ ***Staff will use this information to calculate family size to determine State Median Income (SMI).*** |
| First Name  | Last Name  | Birthdate | Relationship to ECEAP Child | Does the ECEAP child’s parent or guardian financially support this person?*\* See note below for people age 19 or* *older.* | Is this person related to the ECEAP child’s parent/guardian by blood, marriage, or adoption?  |
| ECEAP Child:  |  |  | ECEAP Child  | Yes  | Yes |
| Parent/Guardian:  |  |  |  | Yes  | Yes |
| Parent/Guardian:  |  |  |  | Yes  | Yes |
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| \**Answer No for a person age 19 or older who has earned or unearned income that covers more than half of their expenses. Answer Yes if the ECEAP child’s parents pay more than half of their expenses.* |
| **For staff use only**: Family size for SMI chart \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ For children in foster care, kinship, or adopted after foster/kinship care or living in an orphanage in another country, count family size as 1. For all others, count people with Yes for both questions above. |

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| **Section 3: Family Contact Information** |
| --- |
| **Contact 1**:  | Relationship to Child:  |
| Parent/Guardian Birth Date:  | Do you need an interpreter to communicate with English speakers? 𐀀 Yes 𐀀 No If yes, what language(s) do you speak?  |
| Physical Address  | Apt Number  | City  | State  | Zip |
| Mailing Address  | Apt Number  | City  | State  | Zip |
| Email  | Phone  | Alternate Phone |  |  |
| **Contact 2:**  | Relationship to Child:  |
| Parent/Guardian Birth Date:  |  |
| **Contact 3**:  | Relationship to Child:  |
| Parent/Guardian Birth Date:  |  |
| **Contact 4**:  | Relationship to Child:  |
| Parent/Guardian Birth Date:  |  |

**Section 4: Child lives with**

**𐀓** One parent/guardian (Name): ***Skip to section 5***

𐀂 Two parents/guardians in same household (Names):

` \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 𐀀 Two parents/guardians in two households

 *If this is checked, answer these questions to determine which parents’ income is counted for ECEAP eligibility.*

 Does one household have primary legal custody? 𐀀 Yes 𐀀 No

 If yes, which parent has primary custody? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Spouse of this parent, if any \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If **no**, ECEAP will count the income from the legal parent/guardian for each household. Do not include their spouses. Enter the legal parents’ names here:

Household 1: Household 2:

| **Household 2**:  | Relationship to Child:  |
| --- | --- |
| Parent’s Birth Date:  | Do you need an interpreter to communicate with English speakers? Yes No If yes, what language(s) do you speak?  |
| Physical Address  | Apt Number  | City  | State  | Zip |
| Mailing Address  | Apt Number  | City  | State  | Zip |
| Email  | Phone  | Alternate Phone |  |  |

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**Section 5: Parent Employment, Training, and Other Activities**

Answer the following questions for each parent/guardian listed in question #3.

| Do not count the same hours in more than one category. For example: • Do not count the same hours of the week in both employment and WorkFirst. • Do not count the same CPS child care hours separately for two parents |
| --- |
|  | Parent/Guardian #1 **Name**:  | Parent/Guardian #2 **Name:**  |
| **Employed?**  | Yes No  | Yes No |
| a. If yes, average paid hours per week |  |  |
| b. If yes, enter employer name (don’t enter unknown or N/A) |  |  |
| c. If yes, enter employer phone number or email |  |  |
| **In school or job training?**  | Yes No  | Yes No |
| a. If yes, class hours per week |  |  |
| b. If yes, study hours per week (maximum 10) |  |  |
| c. If yes, enter name of school or training organization. |  |  |
| d. If yes, enter goal or major.  |  |  |
| **Travel between child care and work/school?**  | Yes No  | Yes No |
| a. If yes, hours per week (maximum 10) |  |  |
| **CPS/FAR/ICW child care hours not counted above?**  | Yes No  | Yes No |
| a. Additional hours per week of child care approved by CPS |  |  |
| **Approved WorkFirst hours not counted above?**  | Yes No  | Yes No |
| a. If yes, name of activity. |  |  |
| b. If yes, total hours per week |  |  |
| **Disabled parent** unable to work and unable to care for the child while the other parent works?  | Yes No  | Yes No |
| **If either parent has more than 55 hours total per week, explain:** |  |

**Section 6: How did you find out about ECEAP**

DCYF website Community event Flyer ECEAP employee Word of mouth

Caseworker Media Community agency -Name of agency:

Other

| **Section 7: Survey for Statewide Planning** |
| --- |
| If you could choose the length of day for your child’s preschool, which is best for your child and family? *Please note, these options may not all be available in your community this year.* 𐀀 Part Day – about three hours, three or four days a week. 𐀀 School Day – about six hours, four or five days a week. 𐀀 Working Day – available all day, all year, like a child care center.  |

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**Section 8: Household Situation**

• Does your household receive subsidized housing, such as a housing voucher or cash assistance for housing? Yes No

• Does your household currently receive a Working Connections child care subsidy for this child? Yes No

| **Section 9: Income Received by Child’s Parent(s) or Guardian(s)**  |
| --- |
| For children in foster care, kinship care, or adopted after foster or kinship care, fill in this box and *skip to Section 10* • Monthly grant or payment for foster care, kinship care, or adoption support $ • Number of children covered by this grant or payment • Case number or Client ID number, if any: • Payment source (check): DSHS SSI Tribe Other  |
| Did you receive income during the last calendar year or during the previous 12 months? Yes No If no, provide the reason there is no income and explain how basic needs are met: |
|  |
| **Enter all family income for one year in the chart below.** **Select either: Previous calendar year Previous 12 months** |
| **Person(s)** **with Income** | **Type**  | **Weekly** **Amount** | **# of Weeks Received** | **Monthly** **Amount** | **# of Months Received** | **Annual** **Amount** |
|  | W-2  |  |  |  |  | $ |
|  | W-2  |  |  |  |  | $ |
|  | Tax return (1040) or IRS transcript  |  |  |  |  | $ |
|  | Tax return (1040) or IRS transcript  |  |  |  |  | $ |
|  | Pay stubs for 12 months  |  |  |  |  | $ |
|  | Pay stubs for 12 months  |  |  |  |  | $ |
|  | Child Support received, if required by a child support order  |  |  | $  |  | $ |
|  | Disability income, including SSI  |  |  | $  |  | $ |
|  | Military Leave & Earnings Statement (LES). Count all pay and allow ances except BAH, BAS, FSH, and HFP/IDP. |  |  | $  |  | $ |
|  | Self-employment net income  |  |  |  |  | $ |
|  | Social Security or other retirement benefits  |  |  | $  |  | $ |
|  | State or Tribal TANF Grants  |  |  | $  |  | $ |
|  | Unemployment  | $  |  |  |  | $ |
|  | Workers Compensation (L&I)  | $  |  |  |  | $ |
|  | Tribal income (taxable)  |  |  |  |  | $ |
|  | Emergency Assistance Cash Payments  |  |  | $  |  | $ |
|  | Insurance Payments that are regular (not 1 time)  |  |  | $  |  | $ |
|  | Retirement or pension plans |  |  |  |  |  |
|  | Training Stipend |  |  |  |  |  |
|  | Scholarship, Grants, or Fellow ships for living expenses |  |  |  |  |  |
| **Subtract**  | Child support paid to another household, if required by a legally-binding child support order |  |  | $  |  | $ |

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| Do you still receive the income above? Yes No ***If yes, skip to section 10.*** If no, and your circumstances have recently changed, please explain: Loss of wage earner Divorce or separation Unplanned job loss Reduced work hours Health/Injury Loss of benefits Similar unexpected circumstance (explain) Job loss - lack of access or ability to afford child care for newbownWhat is your monthly income? $ For which month?  |
| --- |
| **Section 10: Previous Enrollment** |
| ECLIPSEThis child was previously enrolled in: Head Start at your agency ESIT – Early Support or Infants Head Start with a different agency Name of ESIT Provider: Migrant/Seasonal Head Start anywhere in WA Early Head Start  Part C IDEA Early Intervention program in another Name of EHS Grantee:  state Any birth to three home visiting program and toddler Name of state and provider: Early ECEAP  |

**Section 11: IEP or Suspected Delay**

This child has an Individualized Education Program (IEP)

This child has a diagnosed developmental delay or disability with no IEP.

This child completed a developmental screening that recommended referral for further evaluation

This child has a suspected developmental delay or disability.

*(No IEP, diagnosis, or screening, or completed developmental screening with result, “rescreen needed”.) Please Describe :*

❖ *If this child has an IEP check all categories of the IEP. If not, skip to Section 12.*

Autism Intellectual disability Specific learning disability Deaf-blindness Multiple disabilities Speech or language impairment

Developmental delay Orthopedic impairment Traumatic brain injury Emotional disturbance Other health impairment Visual impairment Hearing impairment

IEP Start Date IEP End Date

What school district issued this child’s IEP?

This child will receive IEP services:

Within the ECEAP classroom only During ECEAP hours only, but outside the ECEAP classroom Outside ECEAP hours

**Section 12:**

Has this child been expelled from any early learning program or child care due to behavior? Yes No *ECEAP serves children with behavior issues.* ***Checking yes will not exclude your child.***

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| **Section 13: Additional Questions** |
| --- |
| *We use this information to choose the children who most need ECEAP. All responses will be kept confidential.* |
| Does this child have a household family member who has a chronic physical or mental health condition that: (*if yes select one*) • Severely impacts their ability to engage in work, school, or family life? |  | Yes  |  | No |
| • Moderately impacts their ability to engage in work, school, or family life?  |  | Yes  |  | No |
| Does this child have a parent who was under age 18 when this child was born?  |  | Yes  |  | No |
| Does this child have a parent who: (if yes select one) • is a migrant or seasonal agricultural worker? (*51% or more of family income from agricultural work* ***)*** |  | Yes  |  | No |
| • Moves with child to engage in traditional cultural practices or employment (seasonal or temporary in agricultural or fishing work)? |  | Yes  |  | No |
| Does this child have a parent currently on active duty in the U.S. Military?  |  | Yes  |  | No |
| Does this child have a parent currently a member of a National Guard unit or a Military Reserve unit? |  | Yes  |  | No |
| Does this child have a military parent deployed currently, or within the past 12 months, or for a total of 19 or more months within the child’s lifetime? |  | Yes  |  | No |
| Does this child have a family who attended an Indian boarding school?  |  | Yes  |  | No |
| Does this child have a parent who is incarcerated in jail, prison or a detention center?  |  | Yes  |  | No |
| Has this child experienced the loss of a parent or primary caregiver, such as by death, abandonment, or deportation |  | Yes  |  | No |
| Has this child experienced the divorce or separation of their parents?  |  | Yes  |  | No |
| Has this child experienced homelessness within the last 12 months?  |  | Yes  |  | No |
| Has this child lived in a household with domestic violence, including in-utero?  |  | Yes  |  | No |
| Has this child lived in a household with substance abuse, including in-utero?  |  | Yes  |  | No |
| Has this family previously received support or been involved in tribal or state systems including CPS/FAR/ICW services, or comparable tribal service, or been involved with law enforcement/court system regarding child abuse, neglect, or sexual assault? |  | Yes  |  | No |
| Has this child been reunited with parents after foster or kinship care in the past 12 months?  |  | Yes  |  | No |
| ECEAP received a professional referral for this family.  |  | Yes  |  | No |
| If yes, which agency made the referral?  |

| **Section 14: Parent Education Level – Check all that apply** |
| --- |
| **Highest level of education**  | Parent/Guardian 1 Name  | Parent/Guardian 2 Name  |
|  6th grade or less |  |  |
| 7th to 12th grade, no diploma or GED |  |  |
| High school diploma or GED |  |  |
| Some college |  |  |
| Professional certificate (includes vocational schools) |  |  |

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| Bachelor’s degree |  |  |
| --- | --- | --- |
| Master’s degree or doctorate |   |  |

**Section 15: Health Information - *Please attach a copy of the child’s immunization record***

|  (Circle one that applies)Does this child have a chronic physical or mental health condition that: Yes No Unknown• Severely impacts child development or attendance? • Moderately impacts child development or attendance? Yes No Unknown ❖ If yes, please describe: Was this child born preterm (less than 37 weeks), or weigh less than 5.5 Yes No Unknown Pounds at birth?Does this child have medical insurance or coverage? Yes No Unknown 𞠡Washington Apple Health for Kids/ Provider One Services Card? 𐀿 Military Coverage 𐀿 Private Medical Insurance 𐀿 Tribal Coverage Does this child have a regular doctor or medical clinic? Yes No Unknown• Name of clinic or provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_• Name of medical professional: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Did this child have a well-child exam within the last 12 months? Yes No Unknown ❖ Date of last well-child exam before applying for ECEAP: Date Unknown Does this child have dental insurance or coverage? Yes No Unknown Washington Apple Health for Kids/ Provider OneServices Card  Military Coverage Private Dental Insurance Tribal Coverage  ABCD (not available in all counties) Does this child have a regular doctor or dental clinic? Yes No Unknown• Name of clinic or provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_• Name of dental professional: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Did this child have a dental screening within the last 6 months? Yes No Unknown ❖ Date of last dental screening before applying for ECEAP: Date Unknown |
| --- |
|  |

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**Signature of Parent/Guardian**

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

I understand that information from this application is entered in the Early Learning Management System (ELMS) operated by the Department of Children, Youth, and Families (DCYF). DCYF is committed to protecting confidential and personal information that could identify a child or family. No information related to immigration status is entered into ELMS or shared with state or federal agencies. Information in ELMS may be used for:

• Research studies to determine if participating in ECEAP 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.

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of ECEAP Staff Member who verified eligibility**

I certify that, to the best of my knowledge, the information on this form is true and correct. I viewed and verified documentation establishing this child’s eligibility for ECEAP. I understand that ECEAP Performance Standards require that I notify the Department of Children, Youth, and Families if I suspect any fraudulent use of ECEAP funds including, but not limited to, an employee intentionally entering deceptive or false information into ELMS regarding:

o Child eligibility criteria.

o Children’s actual start dates and last days in class.

o Class start or end dates.

o Services that were not actually provided.

o A family providing false information in order to enroll in ECEAP.

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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