Community Colleges of Spokane

Spokane County Head Start/ECEAP/EHS 2012-2013 APPLICATION

Reset Form

STAFF USE ONLY
Priority Points _____
Income Eligible ☐ Yes ☐ No
PA, SSI or Foster Care Eligible ☐ Yes ☐ No
Disabilities _____
☐ AM ☐ PM ☐ Full-day
Date Entered ___/___/___ (MO DAY YEAR) Initials _____

ENROLLING CHILD'S INFORMATION

Child's First Name _____ Legal Last _____ M.I. _____

Preferred name _____ Date of Birth (MM/DD/YY) _____

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
☐ Asian/Pacific (specify) _____ ☐ Other (specify) _____

FAMILY INFORMATION

Parent/guardian (mother) _____ Date of Birth (MM/DD/YY) _____

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

Mailing address (mother) _____

City _____ St _____ Zip _____ E-mail address (mother) _____

Parent/guardian (father) _____ Date of birth _____

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

Mailing address (father) _____

City _____ St _____ 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 2011 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 _____

FAMILY SIZE	HEAD START/EHS 100%	HEAD START/EHS 130%	ECEAP 110%
1	$11,170	$14,521	$12,287
2	$15,130	$19,669	$16,643
3	$19,090	$24,817	$20,999
4	$23,050	$29,965	$25,355

FAMILY SIZE	HEAD START/EHS 100%	HEAD START/EHS 130%	ECEAP 110%
5	$27,010	$35,113	$29,711
6	$30,970	$40,261	$34,067
7	$34,930	$45,409	$38,423
8	$38,890	$50,557	$42,779
	For each additional person add $3,960	For each additional person add $5,148	For each additional person add $4,356

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.***

(COMPLETE OTHER SIDE)

CONSIDERATIONS 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: 1st Choice _____ ☐ ECEAP Site: 1st Choice _____

☐ Head Start/Early Head Start Site: 2nd Choice _____ ☐ ECEAP Site: 2nd Choice _____

☐ Early Head Start Home Visitor Program _____

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? _____

Federal and state guidelines require that eligibility be verified at the time of enrollment. To help us determine if your family is eligible for Head Start, ECEAP or Early Head Start, a staff member will need to see written proof of eligibility. This can be income (income tax forms, W-2, pay stubs, unemployment, or child support), SSI, TANF (cash grant or child care subsidy).

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 _____