

ECEAP Prescreening Form

3924 W, Court St | Pasco, WA | 99301
tosborne@esd123.org 509-544-5704

1. Child Information

School year applying for: _____

Legal First Name _____

Prescreen date: ____/____/____

Middle Name _____

Legal Last Name _____

Child's birth date ____/____/____

Nickname _____

Gender: Male Female

Is this child on an Individualized Education Program (IEP)?

Yes No

If no, do you have any concerns about this child's development? Yes No

Is this child in licensed foster care?

Yes No

Is this child's family currently receiving Child Protective Services (CPS)?

Yes No

Is this child's family currently receiving Family Assessment Response (FAR) services?

Yes No

Is this child homeless (does not have a fixed, regular, and adequate nighttime residence)?

Yes No

If yes, does this homeless child live with a parent or legal guardian? Yes No

Is this child living with a guardian, who is not a parent or licensed foster parent, who receives a TANF grant on behalf of the child?

Yes No

Child's first language _____ Child's second language _____

Is this child Hispanic/Latino? Yes No

If yes, check all that apply:

Argentinian

Bolivian

Chilean

Colombian

Costa Rican

Cuban

Dominican

Ecuatorian (Ecuadorian)

Guatemalan

Honduran

Mexican or Mexican-American (Chicano)

Nicaraguan

Panamanian

Peruvian

Puerto Rican

Salvadoran

Spanish

Uruguayan

Venezuelan

Latin American

Other Hispanic or Latino (describe)

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

White

Other American Indian _____

Black or African American

Asian

Alaska Native

- Aleut (Unangan)
- Alutiiq
- Athabaskan
- Eskimo (Inupiaq or Yupik)
- Eyak
- Haida
- Tlingit
- Tsimshian
- Other Alaska Native _____

- Asian Indian
- Bangladeshi
- Bhutanese
- Burmese
- Cambodian (Kampuchean)
- Chinese
- Filipino
- Hmong
- Indonesian
- Japanese
- Korean
- Laotian
- Madagascar
- Malayan
- Maldivian
- Mongolian
- Nepali
- Pakistani
- Singaporean
- Sri Lankan
- Taiwanese
- Thai
- Vietnamese

American Indian

- Chehalis
- Chinook
- Colville
- Cowlitz
- Duwamish
- Hoh
- Jamestown
- Kalispel
- Kikiallus
- Lower Elwha
- Lummi
- Makah
- Muckleshoot
- Nisqually
- Nooksack
- Port Gamble Klallam
- Puyallup
- Quileute
- Quinault
- Samish
- Sauk-Suiattle
- Shoalwater
- Skokomish
- Snohomish
- Snoqualmie
- Snoqualmoo
- Spokane
- Squaxin Island
- Steilacoom
- Stillaguamish
- Suquamish
- Swinomish
- Tulalip
- Upper Skagit
- Yakama

Native Hawaiian or Other Pacific Islander

- Fijian
- Guamanian
- Kosraean
- Mariana Islander
- Marshall Islander
- Melanesian
- Micronesian
- Native Hawaiian
- Palauan
- Papua New Guinean
- Ponapean (Pohnpeian)
- Samoan
- Solomon Islander
- Tahitian
- Tarawa Islander
- Tokelauan
- Tongan
- Trukese (Chuukese)
- Vanuatuan (New Hebrides Islander)
- Yapese

2. Parent/Guardian Contact Information

First Name _____ Last Name _____ Gender: Male Female

Relationship to Child: Parent (biological or adoptive) Step Parent Foster Parent Grandparent
 Other Relative Other Legal Guardian Other (specify) _____

Parent's Birth Date: ____/____/____

Street Address _____ City _____ Zip _____

County _____

Mailing address (if different) _____ City _____ Zip _____

School District _____ Email _____

Phone _____ Alternate Phone _____

Do you need an interpreter to communicate with English speakers? Yes No

If yes, what language(s) do you speak? _____

Additional Parents/Guardians: (if address is different, please add)

First Name _____ Last Name _____ Birth Date ____/____/____

First Name _____ Last Name _____ Birth Date ____/____/____

First Name _____ Last Name _____ Birth Date ____/____/____

3. Child lives with:

One parent/guardian (Name) _____

Two parents/guardians in same household (Names) _____

Two parents/guardians in two households –
If this is checked, complete these questions to determine which parents' income is counted for ECEAP eligibility.

Does one household have primary legal custody? Yes No

If **yes**, which parent has primary custody? _____

Spouse of parent with primary custody, if any: _____ **Skip to section 4.**

If **no**, does one parent receive child support payments from the other household? Yes No

If **yes**, which parent receives the child support payments? _____

Spouse of parent with primary custody, if any: _____ **Skip to section 4.**

If **no**, name the legal parent/guardian that shares custody for each household. Do not include their spouses. For this family situation only, see * in question 4 below.

(Household 1) _____ (Household 2) _____

4. Estimated Family Size – This is used to determine family’s federal poverty level, and may be different than the number of people in the house.

- (a) In addition to the ECEAP child and the parent(s) named in question 3, how many other children and adults live with this child? _____ (Enter second household here, if any ____)
 - (b) Of the number just entered, how many people are supported by the income received by the parents named in question 3? If there is \$0 income for the household, enter the number from box 4a. _____ (Enter second household here, if any ____)
 - (c) Of the number just entered, how many people are related to the parent(s) named in question 3 by blood, marriage, or adoption? _____ (Enter second household here, if any ____)
- The “family size” for federal poverty level purposes is this number, plus the ECEAP child, plus parents named in #3.

5-8. Parent Activities

Answer the following questions for each parent/guardian named in question #3	Parent/Guardian #1 Name _____	Parent/Guardian #2 Name _____
5. Is this parent/guardian employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, enter number of hours per week in paid work plus work-related travel.		
b. If yes, enter employer name and phone or email.		
6. Is this parent/guardian enrolled and attending school or job training?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, enter the total number of hours per week when school is in session. Include class time, up to 10 hours of study time, and travel time.		
b. If yes, enter name of school or training organization.		
c. If yes, enter goal or major.		
7. Is this parent/guardian in an approved WorkFirst activity other than employment, education or job training mentioned above?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, describe activity.		
b. If yes, enter number of hours per week in approved activity and related travel.		
8. Is family approved for child care through Child Protective Services (CPS), including Family Assessment Response (FAR)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, enter number of approved hours per week.		

9. Estimated Family Income \$ _____

What is the estimated total annual income received by this child’s parent(s) or guardian(s) named in question 3 above?

10. How did you find out about ECEAP?

- DEL Website Community Event Flyer ECEAP Employee
- Word of Mouth Case Worker Community Agency Media Other