

Kitsap Community Resources
 1201 Park Avenue Bremerton, WA 98337
 (360) 473-2075 www.kcrearlylearning.org
Olympic ESD #114
 105 National Avenue N Bremerton, WA 98312
 (360) 478-6889 www.oesd.wednet.edu

Referred by: _____ Agency: _____

Contact Information: _____

**Early Head Start / Head Start / ECEAP
 2018-2019
 Child Application**

Applicant & Family Member Information

Applicant									
First	Middle	Last	Suffix	Nickname	Birthdate	Gender	IEP/IFSP		
						<input type="checkbox"/> Male	<input type="checkbox"/> Yes		
						<input type="checkbox"/> Female	<input type="checkbox"/> No		
Race			Hispanic	English Proficiency		Other Language	Other Language Proficiency		
<input type="checkbox"/> Asian *	<input type="checkbox"/> American Indian/Alaska Native *		<input type="checkbox"/> Yes	<input type="checkbox"/> Little			<input type="checkbox"/> Little		
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander *		<input type="checkbox"/> No	<input type="checkbox"/> Moderate			<input type="checkbox"/> Moderate		
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial *			<input type="checkbox"/> None			<input type="checkbox"/> None		
* Specify: _____									
Primary Health Coverage		Medicaid Eligibility		Doctor/Medical Home		Doctor/Medical Home Contact Information			
		<input type="checkbox"/> Not Eligible							
		<input type="checkbox"/> On Medicaid							
		<input type="checkbox"/> Potentially							
Dental Coverage			Dentist/Dental Home			Dentist Contact Information			
Primary Adult									
First	Middle	Last	Suffix	Birthdate	Gender	Interpreter Needed			
						<input type="checkbox"/> Male	<input type="checkbox"/> Yes		
						<input type="checkbox"/> Female	<input type="checkbox"/> No		
Race			Hispanic	English Proficiency		Other Language	Other Language Proficiency		
<input type="checkbox"/> Asian *	<input type="checkbox"/> American Indian/Alaska Native *		<input type="checkbox"/> Yes	<input type="checkbox"/> Little			<input type="checkbox"/> Little		
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander *		<input type="checkbox"/> No	<input type="checkbox"/> Moderate			<input type="checkbox"/> Moderate		
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial *			<input type="checkbox"/> None			<input type="checkbox"/> None		
* Specify: _____									
Highest Grade Completed		Employment Status		Child's Relationship		Legal authority to enroll:			
Less than a Diploma or GED? Specify:		<input type="checkbox"/> HS Graduate	<input type="checkbox"/> Full Time	<input type="checkbox"/> Full Time & Training		<input type="checkbox"/> Biological/Adopted/Step		<input type="checkbox"/> Yes	
		<input type="checkbox"/> Some College	<input type="checkbox"/> Part Time	<input type="checkbox"/> Part Time & Training		<input type="checkbox"/> Grandchild		<input type="checkbox"/> No	
		<input type="checkbox"/> Associates	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Training or School		<input type="checkbox"/> Other Relative			
		<input type="checkbox"/> Bachelors	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Retired or Disabled		<input type="checkbox"/> Foster			
<input type="checkbox"/> GED		<input type="checkbox"/> Masters +				<input type="checkbox"/> Other			
Email Address: _____									
Secondary or Other Adult									
First	Middle	Last	Suffix	Birthdate	Gender	Interpreter Needed			
						<input type="checkbox"/> Male	<input type="checkbox"/> Yes		
						<input type="checkbox"/> Female	<input type="checkbox"/> No		
Race			Hispanic	English Proficiency		Other Language	Other Language Proficiency		
<input type="checkbox"/> Asian *	<input type="checkbox"/> American Indian/Alaska Native *		<input type="checkbox"/> Yes	<input type="checkbox"/> Little			<input type="checkbox"/> Little		
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander *		<input type="checkbox"/> No	<input type="checkbox"/> Moderate			<input type="checkbox"/> Moderate		
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial *			<input type="checkbox"/> None			<input type="checkbox"/> None		
* Specify: _____									
Highest Grade Completed		Employment Status		Child's Relationship		Legal authority to enroll:			
Less than a Diploma or GED? Specify:		<input type="checkbox"/> HS Graduate	<input type="checkbox"/> Full Time	<input type="checkbox"/> Full Time & Training		<input type="checkbox"/> Biological/Adopted/Step		<input type="checkbox"/> Yes	
		<input type="checkbox"/> Some College	<input type="checkbox"/> Part Time	<input type="checkbox"/> Part Time & Training		<input type="checkbox"/> Grandchild		<input type="checkbox"/> No	
		<input type="checkbox"/> Associates	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Training or School		<input type="checkbox"/> Other Relative			
		<input type="checkbox"/> Bachelors	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Retired or Disabled		<input type="checkbox"/> Foster			
<input type="checkbox"/> GED		<input type="checkbox"/> Masters +				<input type="checkbox"/> Other			
Email Address: _____									
Additional Child (Non-Applicant) *									
First	Middle	Last	Suffix	Nickname	Birthdate	Gender	IEP/IFSP		
						<input type="checkbox"/> Male	<input type="checkbox"/> Yes		
						<input type="checkbox"/> Female	<input type="checkbox"/> No		
Additional Child (Non-Applicant) *									
First	Middle	Last	Suffix	Nickname	Birthdate	Gender	IEP/IFSP		
						<input type="checkbox"/> Male	<input type="checkbox"/> Yes		
						<input type="checkbox"/> Female	<input type="checkbox"/> No		

* If a family has more than one child applying for services, please complete a separate copy of this form for each applicant.

For a list of required documentation, please visit:

https://del.wa.gov/sites/default/files/public/Documents_to_Verify_ECEAP_Eligibility.docx



Family and Enrollment Information

Family Information						
Family Living Address						
Living Address	Address Line 2	ZIP	City	State	County	
Family Mailing Address						
Same as living?	Mailing Address	Address Line 2	ZIP	City	State	
<input type="checkbox"/> Yes <input type="checkbox"/> No						
Phone Number(s)	Type (check one)	Note (extension or best time to call)		Opt In for Text Messages		
	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Parental Status (check one)	Primary Language at Home	Homeless Family	Active Duty Military	Referred by CPS	Receiving SNAP	WIC
<input type="checkbox"/> One <input type="checkbox"/> 2 parents/ 1 house <input type="checkbox"/> 2 parents/2 house		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Enrollment Information						
Number of people in the family (ages of children)	Estimated Family Income	TANF Status		SSI	Do you receive Working Connections Childcare	
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Formerly on TANF/Not now		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Anyone Pregnant	Due Date	Enrolled in KCR Housing	Program Options			
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Part Day for 3-5 year old children	<input type="checkbox"/> Full-Day extended Care for ages 3 -5 years old	<input type="checkbox"/> Home Visitation or extended-day care for prenatal-3 years	
Location Preference						
<input type="checkbox"/> Port Orchard	<input type="checkbox"/> W Bremerton	<input type="checkbox"/> E Bremerton	<input type="checkbox"/> Silverdale	<input type="checkbox"/> Seabeck	<input type="checkbox"/> Poulsbo	<input type="checkbox"/> Kingston
Comments						

Disclaimer
<ul style="list-style-type: none"> All documentation provided for the purpose of enrollment and the establishment of eligibility becomes property of Kitsap Community Resource (KCR)/Olympic ESD 114 and will not be returned. Copies may be provided upon written request. All information on this form, and other Head Start/Early Head Start/ECEAP individual records, is confidential. Written parent permission is required to forward individual records to individuals or agencies outside of the KCR or Olympic ESD 114 Early Head Start/Head Start/ECEA Programs. These programs are available at no cost to eligible children without regard to race, color, disability, sex, gender, or national origin. Anyone who intentionally provides false information will have their application canceled and will need to re-apply. TTY 711 (hearing and speech impaired) Translation available in other languages.

Certification: I certify that this information is true. If any part is false, my participation in this agency's programs may be terminated and I may be subject to legal action. I also understand that the information in this application will be held in strict confidence within the agency and is accessible to me during normal business hours. Kitsap Community Resources/Olympic ESD 114 has my permission to access Washington State Registry in order to obtain the immunization records and Washington Connection in order to obtain eligibility information of the below listed child and parent/ guardian for the sole purpose of determining eligibility and enrollment of the child.

Child's Name: (Print): _____

Parent/Guardian Signature _____ Date _____

Kitsap Community Resources Early Learning and Family Services FAX (360) 479-0068 earlylearning@kcr.org	Olympic ESD #114 Head Start/EHS/ECEAP Program FAX (360) 405-5808 earlylearning@oesd114.org
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