**ELIGIBILITY**

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| **Performance** **Standards** | |
| **EHS-CB**  **EHS-HB**  **HS**    1303.12 | **ECEAP**  PAO-38, PAO-40, PAO-41, PAO-42, PAO-43, PAO-44, PAO-45, PAO-46, PAO-47 |

**EL-1.** **Eligibility** **Process** **at** **a** **Glance**

* Staff will not use discriminatory practices during the eligibility process.
* At least 10% of funded slots will be filled with children who qualify for [Individuals with Disabilities Education Act](https://sites.ed.gov/idea/about-idea/) [(IDEA).](https://sites.ed.gov/idea/about-idea/) 
* For eligibility related to returning children, transfers/transitions, including classroom changes, see **Transitions** **section.**

The steps below provide an overview of how to process each application and determine eligibility. **All** **programs** **must** **collect** **proof** **of** **eligibility** **documents** **and** **complete** **the** **Eligibility Verification Form (EVF).** Document the entire eligibility process in the [**Eligibility Notes section of ChildPlus**.](https://drive.google.com/uc?export=download&id=1Lymr4GGesc3sg4Jur9umCL0gDUrfA3F8)

1. **Family completes pre-application online, requesting paper version or over the phone.** Families that apply online will receive a followup confirmation email that provides next steps for uploading eligibility documents.
2. **Eligibility staff receives and reviews the pre-application and proof of eligibility documents** (income, age, authority to enroll, family size), or follow up and request necessary documentation from the family.
3. **Conduct an in-person eligibility interview** to review the application and to verify eligibility with the family. If it is not possible or convenient for the family to meet in person, the interview may be conducted on the phone and collect an electronic signature via DocuSign.
4. Verify and complete the **Eligibility Verification Form**.
5. Staff must ensure the Family Income Verification (Section 4 in ChildPlus) is accurate.
6. Complete the **Selection Points Chart**.
7. Continue processing the application by **adding to the proper database**.

a. **ECEAP:** Enter and complete either the prescreen application in ELMS. Upload all eligibility documents to ChildPlus under the Application tab using Attachments.

b. **HS/EHS:** Upload all eligibility documents to ChildPlus under the Application tab using Attachments.

c. All documentation will be shredded after ChildPlus upload.

1. Once waitlisted, documentation will be stored in ChildPlus (age and income documentation and application).

• To ensure equity in selection, applications should be processed within two weeks of receipt (complete steps 1-6 above). When busy, there may be times this is not possible – please process as quickly as you can while honoring the family’s circumstances. Give extra attention and energy to assist families who have barriers to being in regular contact or providing documentation. Families that are identified as not meeting income guidelines (over income with no other categorical eligible determinations) will be sent an **over income email** letting them know they do not qualify for our program and that their application will not be processed.

* All eligibility documents and other relevant information as required, must be entered in the proper database before being added to the waitlist in ELMS and CP.
* **ECEAP:** DCYF and ELMS are now using the term “Exceeds State Median Income (SMI) Eligibility (ESE)” instead of Over Income.
* Do not verify eligibility for your own relatives.
* No child is automatically eligible, enrolled, or re-enrolled.
* Any child who is age-eligible for kindergarten (5 years old by August 31) is **not** eligible for enrollment into HS or ECEAP.
* Any child who has turned 3 years old is not eligible for enrollment into EHS.
* **Intentional Fraud:** OESD 114 employees who intentionally commit fraud on child and family eligibility information will be addressed. If any staff has intentionally falsified documents, agency disciplinary action and/or legal consequences may be applied. If a family provides false information, they may be unable to continue program services.

**EHS-HB**

When an enrolled pregnant participant gives birth, the newborn is automatically eligible to be enrolled in the pregnancy

slot and eligibility does not need to be re-verified. Enrolling an infant as a result of a prenatal MUST be done on Mothers Last Date of Service. Baby’s first date of service will be entered to show no lapse in services.

The pregnancy remains enrolled for up to 6 weeks postpartum during which time the Infant Enrollment Data is to be completed by EHS Home Visitor in ChildPlus under the Pregnancy Tab. Every effort is made to complete the newborn’s Infant Enrollment Data with the family within the first 4 weeks postpartum.

Once the Infant Enrollment Data has been entered, EHS Home Visitor will email Mother’s CPID to ERSEA Manager and cc their EHS Supervisor.

* ERSEA Manager will drop prenatal participant, and subsequently add infant with the information provided from Infant Enrollment Data. Application Date will be child’s date of birth and application status will be set to “Result of Prenatal”. No lapse of service will occur.
* Once the baby is in New status, ERSEA Manager will email EHS Home Visitor noting that the child is ready to be enrolled and the new CPID number for the child.
* EHS Home Visitor will “enroll” child in ChildPlus.

**EL-2.** **Eligible** **Children** **(New,** **Returning,** **and** **Previously** **Enrolled)**

**New** **Children**

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| **Program** | **Program Model** | **Eligibility Requirements** |
| **HS**  See requirements for **Previously Enrolled** | Part Day | 3 to 5 years old and not eligible for kindergarten **and** **one** **or** **more** **of** **these:**   * Income * Homeless * Public Assistance * Foster Care/Kinship Care |
| School Day |
| **EHS-CB**  **EHS-HB**  See requirements for **Previously Enrolled** | Center-Based | Zero up to 36-months **and** **one** **or** **more** **of** **these:**   * Income * Homeless * Public Assistance * Foster Care/Kinship Care |
| Home-Based | Pregnant Participants or Children up to 36-months **and one or more of these:**   * Income * Homeless * Public Assistance * Foster Care/Kinship Care |
| **ECEAP**  See requirements for **Previously Enrolled** | Part Day | 3 or 4 years old by August 31 **and** **one** **or** **more** **of** **these:**   * Income * Homeless * Active IEP * Previous Birth-to-3 Early Intervention participation |

**Previously Enrolled Children – Returning to Next Program Year**

When a child is expected to return the next program year, staff should have a conversation with the parent/guardian, and notify ERSEA if there are any changes. Families that indicate a desire to return, will be automatically rolled over into ACCEPTED status the next program year via ChildPlus.

**EHS-CB**

**EHS-HB**

**HS**

If the child returns more than 120 calendar days after the first day of class, complete a new [Early Learning Application*,*](https://www.earlylearningwa.org/early-learning-program-manual-elpm/ersea#fs-panel-34706) and start a new eligibility process. If the child is disenrolled in their second year and returns after 120 days pass, you must obtain a new application and eligibility verification.

**Previously** **Enrolled** **Children** **–** **Within** **Same** **Program** **Year**

**EHS-CB**

**HS**

**EHS-HB**

A child is considered Previously Enrolled in HS/EHS when **all** below apply:

1. Enrolled and attended an OESD 114 HS/EHS program at least one day of class **or** received an EHS-HB home visit.

2. Were “Dropped/Exited” or “Dropped/Waitlisted” in ChildPlus.

3. Are returning to the same program model within the same program year.

Follow these steps:

1. Do not reverify eligibility. Eligibility is valid for the current program year.

a. Make sure the current program year application, [EVF](https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/hs-eligibility-verification-form-ext.pdf), an[d Selection](https://drive.google.com/uc?export=download&id=1KoKV19tBFdTrDfFgylqJqvUQbauCVu2l) [Points Chart](https://drive.google.com/uc?export=download&id=1KoKV19tBFdTrDfFgylqJqvUQbauCVu2l) are in ChildPlus.

2. When re-interviewing the parent/guardian to update the child’s application, add and document any additional priority factors on the Selection Points Chart. See Complete the Selection Points Chart.

3. Place the child on the ChildPlus waitlist and add 1,000 selection points if returning within 6 months or 750 if over 6 months.

a. If additional priority factors are identified and the points are updated, upload the revised Selection [Points Chart](https://drive.google.com/uc?export=download&id=1KoKV19tBFdTrDfFgylqJqvUQbauCVu2l) to ChildPlus.

4. Using the new selection points, add and reprioritize this child’s application and add to the waitlist in ChildPlus.

**ECEAP**

A child is considered Previously Enrolled in ECEAP when **all** below apply:

1. Enrolled and attended any ECEAP in Washington State at least one day of class.

2. Exited the program (ELMS exit date).

Follow these steps:

1. Do not reverify the child’s eligibility. Eligibility for a previously enrolled child is valid for the current program year.

2. When re-interviewing the parent/guardian to update the child’s application, add and document any additional priority factors on the [Selection Points Chart i](https://drive.google.com/uc?export=download&id=1KoKV19tBFdTrDfFgylqJqvUQbauCVu2l)ncluding the appropriate previously enrolled points. Any new priority factors will not be updated in ELMS.

3. There must only be one Prescreen and Application in ELMS for each child.

4. Using the new selection points, add and reprioritize this child’s application and add them to the Waitlist in ChildPlus.

**EL-3.** **Applications** **and** **In-Person** **Application** **Review**

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| [**Application**](https://www.earlylearningwa.org/early-learning-program-manual-elpm/ersea#fs-panel-34706) | **Program** |
| **Early** **Learning** **Application** | **EHS-CB**  **EHS-CB**  **ECEAP**  **EHS-HB**  **HS** |
| ***Returning*** ***Child*** **(Children** **returning** **to** **the** **next** **program** **year)** | **EHS-CB**  **HS**  **EHS-HB**  **ECEAP**   * Eligibility does not need to be re-verified if returning to the same program. * If a child is returning to a different program than the one attended the previous year (e.g., ECEAP to Head Start or Head Start to ECEAP, Early Head Start to Head Start or ECEAP), a new *Early* *Learning* *Application* must be completed, and eligibility must be re-verified. |

The in-person application review may be your first opportunity to meet and engage with the family. You may interview over the phone if there are barriers for the family to connect in person.

If the family speaks a language other than English, determine with the family if an interpreter is needed. Asking about the family’s language(s) recognizes its importance and helps prepare for interpreter needs. Some families may say no to an interpreter because they speak a fair amount of English. You may share that academic language may be used during the application review, so an interpreter may be helpful.

* Make sure the application is signed, dated, and is accurate. When applicable, ensure that verbal verification was received (see **Parent Signature**).
* Write your initials and the date if any changes are made to the application during the review.
* Provide additional information about our program (e.g., models/class sessions, transportation, sites, home language, program option preference, etc.).
* Document your eligibility conversations with the family in the Eligibility Notes in ChildPlus.
* Remember that finalizing the Selection Points Chart is the second to last step in Eligibility. See **Complete the Selection Points Chart.**

The application questions align with the selection criteria.

Our application and Selection Points are approved by Policy Council annually.

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| **Application** **Question** | **Application** **Review** **Guidance** | **Selection** **Criteria**  **\*Research-Based** **Priority** **Factors** | | **Possible** **Points** |
| **Child’s** **last** **name(s)** | **Note:** A child may have multiple legal last names. Document all last names on the application. | **No** **points** | | |
| **Child’s** **date** **of** **birth** | Documentation to verify age is required. Refer to **Document Verification**.  If the family did not submit documentation, discuss how and when to submit documentation, or provide resources for how to get it (e.g., how to order a birth certificate, apply for a passport/ID, etc.). | **Age** | 4 yrs. old by Aug. 31 | 200 |
| Less than 12 months | 200 |
| 12-18 months | 150 |
| 19-35 months | 100 |
| 36-47 months | 150 |
| **Child’s** **gender** | This is required data for ELMS and ChildPlus. For additional information and talking points, see [Healthy Gender Development and Young Children.](https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/healthy-gender-development.pdf) | **No** **points** | | |
| **Child’s** **home** **language** | This is required data for ELMS and ChildPlus. Apply selection points if the child speaks some English **or** only a language other than English.  N**o** **points** for only English, mostly English and another language, and both English and another language.  For families who speak a language other than English, you may want to share [Speak Your Language](http://www.speakyourlanguage.org), a website about the benefits of being bilingual. | **Opportunity** **Gap:** **Limited** **English** | \*Child speaks limited English (Some English **or** only language other than English) | 30 |
| **Child’s** **race,** **family’s** **heritage,** **tribe,** **country** **of** **origin** | These questions must be included in education forms by the Washington State Office of Management and Budget (OMB) for federal funding and reporting purposes.  Research has shown that race and ethnicity data is most correct when people can self-identify their race, ethnicity, and heritage.  By law, a family does not have to identify their child’s or their own race and ethnicity. | **Opportunity**  **Gap:** **Race/Ethnicity** | Hispanic/Latino  African/African American/Black  Native Hawaiian or Pacific Islander  Alaska Native/Native American/ American Indian | 25 |

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| **Application** **Question** | **Application** **Review** **Guidance** | **Selection** **Criteria**  **\*Research-Based** **Priority** **Factors** | | **Possible** **Points** |
| **Part** **of** **a** **tribe** **either** **by** **membership** **or** **ancestry/** **lineage** | **ECEAP:** If yes AND the child is Alaska Native/Native American/American Indian, **part of a Federally Recognized Tribe, and** the family is between 36% and 100% SMI, the child is eligible for ECEAP. No additional priority points are added.  [Federally Recognized Tribes in the USA](https://www.federalregister.gov/documents/2022/01/28/2022-01789/indian-entities-recognized-by-and-eligible-to-receive-services-from-the-united-states-bureau-of)  [Federally Recognized Tribes in WA](https://goia.wa.gov/tribal-directory/federally-recognized-indian-tribes)  No documentation is needed – the child is eligible based on parent report. | **Part** **of** **a** **tribe** **either** **by** **membership** **or** **ancestry/** **lineage** | Part of a Federally or non-Federally recognized tribe either by membership or ancestry/ lineage | 500 |
| **ECEAP:** If yes AND the child is Alaska Native/Native American/American Indian, **part of a non-Federally Recognized Tribe**, and the family is between 36% and 100% SMI, add 500 points. The child may be considered for an OI/ESE slot.  No documentation is needed – the child is eligible based on parent report. |
| **Previously** **enrolled** **HS/EHS/** **ECEAP** | **Previously** **enrolled** **in OESD HS/EHS/ECEAP**:   * If enrolled in the last program year, must be returning within the first 6 months of the first day of service, or must not have had a break in service of more than 6 months during their second program year.   **Previously** **enrolled** **in another HS/EHS/ECEAP/**  **Early** **ECEAP**: See [WSA’s](https://www.wsaheadstarteceap.com/index.cfm?fuseaction=menus&menu_id=45&pId=10) [full list of programs.](https://www.wsaheadstarteceap.com/index.cfm?fuseaction=menus&menu_id=45&pId=10)  If any are checked, ask the family for consent to contact the previous program to verify their previous enrollment and have them fill out and sign a Release/Exchange of Confidential Information  If the family does not give consent, apply selection points based on parent report. | **Previously** **enrolled** **HS/EHS/** **ECEAP** | \*Previously enrolled in an OESD HS/EHS/ECEAP program. | 1000 |
| \*Previously enrolled in another HS/EHS/ECEAP program. | 100 |

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| **Application** **Question** | **Application** **Review** **Guidance** | **Selection** **Criteria**  **\*Research-Based** **Priority** **Factors** | | **Possible** **Points** | |
| **Previously** **enrolled** **ESIT/IDEA** **Part** **C/** **ECLIPSE/B-3** **Early** **Intervention** | **ECEAP:** Children previously enrolled in the following receive selection points based on income (see right column):   * ESIT (Early Support for Infants & Toddlers – programs for children, birth to age 3, who have disabilities or developmental delays) * Birth-to-3 Early Intervention services * IDEA Part C services (IFSP) in this or another state * ECLIPSE (Early Childhood Intervention and Prevention Services) | **Previously** **enrolled** **ESIT/IDEA** **Part** **C/** **ECLIPSE/B-3/Home Visiting Program** | Previously enrolled ESIT/IDEA Part C/ ECLIPSE/B-3 Early Intervention- **income at or below 200% FPL** | 15 | |
| Previously enrolled ESIT/IDEA Part C/ ECLIPSE/B-3 Early Intervention- **income above 200% FPL** | 10 | |
| **Child** **is** **a** **sibling** **of** **currently** **enrolled** **child** | A child applying to the program may have a sibling who is currently enrolled. By applying these selection points, this sibling has an increased opportunity for selection. | **Sibling** **of** **enrolled** **child** | Child’s sibling currently enrolled in OESD 114 Early Learning | 50 | |
| **Foster** **Care** **Kinship** **Care**  **Adopted** **after** **foster/**  **kinship** **care** **or** **from** **orphanage** **from** **another** **country** | Children are prioritized if they are in foster care or kinship care, **or** if they were adopted after foster/kinship care or from orphanage from another country (**not** other adoptions).  **A** **child** **is** **in** **foster** **care** **if** **any** **of** **these** **apply:**   * There is a caregiver authorization (with Case # or Client ID #) from the State or tribe that says the child is in a foster placement. * There is legal documentation to establish guardianship of the child such as these:   o A placement from CPS or ICW, sometimes with a grant from DCYF  o A court-ordered non-parental custody agreement  o A relative that is a licensed foster care provider for the child.  **A** **child** **is** **in** **kinship** **care** **if** **any** **of** **these** **apply:**   * A relative (aunt, uncle, grandparent, etc.) or another adult is caring for the child in place of a parent. * There is no official documentation, but a relative or other adult is acting as a guardian for the child. * They may or may not be an agreement between parties that is legally binding, and they are not involved in CPS or ICW.   If yes to foster care or kinship care and there is a grant amount, verify the information on the application with the proof of income. If there is no grant, document with signed guardian statement of circumstance. | **Foster** **Care** **Kinship** **Care**  **Adopted** **after** **foster/**  **kinship** **care** **or** **from** **orphanage** **from** **another** **country** | \*Child is in foster care.  \*Child is in kinship care, with a relative or suitable other, with or without grant.  \*Child was adopted after foster or kinship care, **or** from orphanage from another country.    **Only apply if you are not applying 200 or 100 points for another question.** | EHS/HS  Foster  500  All Other  200  ECEAP  100 | |
| **Application** **Question** | **Application** **Review** **Guidance** | **Selection** **Criteria**  **\*Research-Based** **Priority** **Factors** | | | **Possible** **Points** |
| **Reunited** **with** **families** **after** **foster/kinship** **care** | **ECEAP:** If you learn that a child was recently reunited with their family after foster care/kinship care, make sure to ask the family if reunification occurred within the past 12 months. | **Reunited** **with** **family** **after** **foster/kinship** **care** | \*Reunited with family after foster/kinship care in the past 12 months | 50 | |
| **Current**  **CPS/FAR/**  **ICW/comparable**  **tribal services/law enforcement/court system**  **Past**  **CPS/FAR/**  **ICW/comparable tribal services/law enforcement/court system** | If yes to any of these services, ask the family if they are willing to share more. Families may not disclose initially, but you may apply selection points based on parent report. | **Current**  **CPS/FAR/**  **ICW/comparable**  **tribal services/law enforcement/court system**  **Past**  **CPS/FAR/**  **ICW/comparable tribal services/law enforcement/court system** | \*Current CPS/FAR/ICW/ comparable tribal services, **or** law enforcement/ court system regarding child abuse, neglect, or sexual assault  **Only apply if you are not applying 200/100 points for another question.** | EHS/HS  200  ECEAP 100 | |
| \*Past  CPS/FAR/ICW/ comparable tribal services, **or** law enforcement/ court system regarding child abuse, neglect, or sexual assault  **Only apply if you are not applying 100 points for another question.** | EHS/HS  100  ECEAP  50 | |
| **Child** **asked** **to** **leave** **early** **learning** **program** **due** **to** **behavior** | If yes to any of these services, ask the family if they are willing to share more. Families may not disclose initially, but you may apply selection points based on parent report. | **Opportunity** **Gap:** **Behavior** | \*Asked to leave early learning program due to behavior | EHS/HS  20  ECEAP  15 | |

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| **Application** **Question** | **Application** **Review** **Guidance** | | **Selection** **Criteria**  **\*Research-Based** **Priority** **Factors** | | | **Possible** **Points** | |
| **ECEAP**  **Medical Insurance Medical Clinic Dental Insurance Dental Clinic** | Ask for the name and contact information of the clinic/provider, if readily available. If not available, ask the family if they need resources for how to access medical/dental coverage/care. | | **Medical** | | No Medical Insurance | 5 | |
| No Medical Home | 5 | |
| **Dental** | | No Dental Clinic | 5 | |
| No Dental Home | 5 | |
| **Immunizations** | Apply selection points if parent reports that child is not fully immunized and not exempt. Inform the family that the child’s most current [Certificate of](https://www.earlylearningwa.org/early-learning-program-manual-elpm/health-and-nutrition#fs-panel-38406) [Immunization Status (CIS) or Certificate of](https://www.earlylearningwa.org/early-learning-program-manual-elpm/health-and-nutrition#fs-panel-38406) [Exemption (COE) i](https://www.earlylearningwa.org/early-learning-program-manual-elpm/health-and-nutrition#fs-panel-38406)s required for enrollment. | | **Immunizations** | | Not fully immunized and not exempt | EHS/HS  10  ECEAP  5 | |
| **Child** **with** **chronic** **physical** **or** **mental** **health** **condition** | Chronic is defined as an ongoing health condition that is not cured by medication or surgery. Impact on child development or attendance may be severe.  A child may also have multiple chronic health conditions and the impact of each on child development or attendance may vary. | | **Child** **with** **chronic** **physical** **or** **mental** **health** **condition** | | \*Child has chronic physical or mental health condition – **severe** | EHS/HS  10  ECEAP  15 | |
| \*Child has chronic physical or mental health condition – **moderate** | EHS/HS  10  ECEAP  10 | |
| **Concerns** **about** **health** | If any are checked, ask the family if they are willing to share more. Health information is collected to help understand the potential needs of the child and consider supports. | | **Child** **health** **Concerns** | | \*Low birth weight (less than 5.5 lbs./5 lbs. 8 oz.) **or** preterm birth less than 37- weeks | EHS/HS  25  ECEAP  10 | |
| Drug/Alcohol Affected | EHS/HS  25  ECEAP  15 | |
| **IEP** **–** **Individualized** **Education** **Plan** **for** **a** **child** **aged** **3** **and** **older**  **IFSP** **–** **Individualized Family** **Service** **Plan** **for** **a** **child,** **birth** **to** **age** **3** | If yes, verify that the IEP/IFSP is current and active and make sure that a copy is submitted.  ECEAP Only: Child was determined eligible for special education services through evaluation by a school district or tribal school, but parent/guardian may decline services.  If the family has included a copy, note the category or categories, the start and end dates, and what school district or agency issued it.  If the family has not included a copy, discuss how and when to submit. Use the Release or Exchange of Confidential Information – Non-Health to request a copy from the Birth-to-3 Early Intervention agency or school district.  Also apply selection points for an out-of-state IEP/IFSP. | | **IEP/IFSP** | | \*Has current and active IEP or IFSP | EHS/HS  300  ECEAP  15 | |
| **Application** **Question** | | **Application** **Review** **Guidance** | | **Selection** **Criteria**  **\*Research-Based** **Priority** **Factors** | | | **Possible** **Points** |
| **Diagnosed** **delay** **or** **disability** **with** **no** **IEP/IFSP,** **referral** **for** **evaluation** | | Apply selection points if any of the following apply:   * The child has a diagnosed developmental delay or disability but does not have an IEP/IFSP. * The child has had a developmental screening referral for evaluation or the evaluation has been completed but child does not have an IEP/IFSP.   Ask the family to provide a copy of the diagnosis, developmental screening, or evaluation if available. | | **Diagnosed** **Delay** **or** **Disability,** **no** **IEP/IFSP** | \*Diagnosed developmental delay or disability with no IEP/IFSP, **or** developmental screening recommending referral for evaluation | | EHS/HS  100  ECEAP  10 |
| **Suspected** **delay** **or** **disability,** **no** **IEP** | | Apply selection points if any of the following apply:   * The family has a developmental concern or suspects a disability, and the child does not have an IEP/IFSP, has not been diagnosed, and has not had a developmental screening. * The family has a developmental concern or suspects a disability, and the child has had a developmental screening that resulted in “rescreen needed.”   Ask the family to share more. Any information shared will help understand the potential needs of the child and consider supports. | | **Suspected** **delay** **or** **disability** | Suspected developmental delay or disability, no IEP/diagnosis/ screening, **or** developmental screening with “rescreen needed” | | EHS/HS  15  ECEAP  5 |
| **Parent/** **Guardian** **last** **name(s)** | | **Note:** A parent/guardian may have multiple legal last names. Document all last names on the application. | | **No** **points** | | | |
| **Who** **child** **lives** **with** | | This will help determine family size and what eligibility documents are needed. See **Family Size**.  If the child lives in two primary households, is the custody of the child decided by the court?   * If yes, which parent? Use this household only when determining family size and income. * If no, does one parent receive court-ordered child support?   o If yes, which parent? Gather their contact information, if not already given in the application.  o If no, this means neither household is primary and family size and income are divided. See **Family Size** and **Income Verification**. | | **Single** **parent** **family** | \*One parent/ guardian | | EHS/HS  100  ECEAP  10 |
| **Application** **Question** | | **Application** **Review** **Guidance** | | **Selection** **Criteria**  **\*Research-Based** **Priority** **Factors** | | | **Possible** **Points** |
| **Relationship** **to** **child,** **parent’s** **gender,** **parent’s** **date** **of** **birth** | | This information is needed for HS/EHS Program Information Report (PIR) and is a family engagement opportunity for all programs. | | **No** **points** | | | |
| **Address,** **phone** **number,** **email** | | Check to see if information is current, and if not already noted ask if they would like to opt-in to receive email or texts. | | **No** **points** | | | |
| **Parent/** **guardian** **under** **18** **when** **child** **was** **born** | | If yes, the parent/guardian is considered a teen parent and may need additional support and services.  N/A may refer to grandparents or other relatives/adults caring for the child. | | **Teen** **parent** | \*Parent(s) under age 18 at child’s birth | | EHS/HS  100  ECEAP  10 |
| **Language(s)** **and** **interpreter** | | Asking about the family’s language(s) recognizes its importance and helps prepare for interpreter needs. Some families may say no to an interpreter because they speak a fair amount of English. You may share that academic language is often used during conferences, family events, etc. so an interpreter may be helpful. | | **Interpreter** | \*Family needs an interpreter – one or both adults | | EHS/HS  25  ECEAP  15 |

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| **Application** **Question** | **Application** **Review** **Guidance** | **Selection** **Criteria**  **\*Research-Based** **Priority** **Factors** | | **Possible** **Points** |
| **Parent’s** **race** | See **child’s race** for guidance. This information is needed for HS/EHS Program Information Report (PIR) and is a family engagement opportunity for all programs. | **No** **points** | | |
| **Parent/** **guardian** **education** **level** | For two-parent households, apply selection points for the parent with the lowest education level. | **Parent**  **education**  **level** | \*6th grade or less | EHS/HS  100  ECEAP 15 |
| \*7th to 12th grade, no diploma or GED | EHS/HS  50  ECEAP  10 |
| **Employment,** **Job** **training,** **school** | This information is needed in ELMS for ECEAP and is a family engagement opportunity for all programs. If this information is not provided, ask about where they work, what they do, and the hours per week, including travel time. | **No** **points** | | |
| **WorkFirst** **activity** | This information is needed in ELMS for ECEAP. If yes, confirm with the family that the information is correct. The family may be eligible for HS/EHS for receiving Public Assistance. See **Public Assistance.** | **No** **points** | | |
| **U.S.** **Military** | **OESD** **Selection** **Points** - The parent must either be a current military service member **or** a veteran. Additional points possible if:  -Deployed in the past 12 months or for a total of 18 or more months within a child’s lifetime  -Recently transferred for military or PCS in the past 12 months.  **DCYF** **Priority** **Factor** - The parent may be currently deployed or was within the last 12 months, or for a total of 19- months within the child’s lifetime. To apply DCYF points, make sure they were deployed within those timeframes. | **U.S.** **Military** | Parent is current military service member **or** veteran | EHS/HS  20 |
| \*Deployed in the past 12 months or for a total of 19 or more months within a child’s lifetime | EHS/HS  25  ECEAP  15 |
| **HS**  **EHS-HB**  **EHS-CB**  Recently transferred for military or PCS in the past 12 months | EHS/HS  25 |

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| **Application** **Question** | **Application** **Review** **Guidance** | **Selection** **Criteria**  **\*Research-Based** **Priority** **Factors** | | **Possible** **Points** |
| **Family Concerns** | If any are checked, ask the family if they are willing to share more. Notes on applying selection points:   * **Parent or child ever experienced emotional, physical, or sexual abuse/neglect including domestic violence:** May be past or current, including when child was *in utero*. * **Not homeless now, but was homeless within the last 12 months:** Must meet McKinney-Vento definition of homeless. Selection points must only be applied to either currently homeless or previously homeless, not both. * **Parent is incarcerated or detained:** in jail, prison, or detention center. * **Loss of parent:** By death, abandonment, or deportation. * **Parent lacks medical or dental insurance:** OESD Selection points based on community assessment. * **Household** **chronic** **health** **condition:** Impact on ability to engage in work, school, or family life may be severe or moderate and is based on parent report. A parent may also have multiple chronic health conditions and the impact of each on day-to-day life may vary.   \*ECEAP combines chronic physical health and mental health   * **Household mental health condition:** May be past or current, including maternal depression * **Household** **drug/alcohol/substance** **abuse:** May be past or current, including when child was *in* *utero*. * **Parent did not receive prenatal care in 1st trimester:** Early prenatal care is an important component of a healthy pregnancy. Infant mortality rates have been shown to be higher for women who begin prenatal care after the first trimester. * **Concerns with food security:** Food insecurity refers to the USDA’s measure of lack of access, at times, to enough food for an active, healthy life for all household members and limited or uncertain availability of nutritionally adequate foods. Food-insecure households are not necessarily food insecure all the time. Food insecurity may reflect a household’s need to make trade-offs between important basic needs, such as housing or medical bills, and purchasing nutritionally adequate foods. * **Child’s parent/guardian is a migrant or seasonal worker in agriculture or fishing:** This includes seasonal agricultural work (51% of the family’s income comes from agricultural work) or parent and child moved to engage in traditional cultural practices or employment (seasonal or temporary in agriculture or fishing). * **Recent immigrant or refugee:** Must be within the past 5 years. May also receive points for opportunity gap. * **Child has a family member who attended an Indian Boarding School.** * **Family lacks reliable transportation and/or proximity to centers** * **Child’s parents/guardians divorced or separated:** Must be during child’s life * **Child belongs to a single parent household** * **Family has other mitigating risks:** including but not limited to multiple chronic health conditions * **Family has other concerns that induce fear:** including but not limited to deportation, domestic violence, housing concerns, getting or keeping job. | **Family**  **Concerns** | Parent or child ever experienced emotional, physical, or sexual abuse/neglect including domestic violence | EHS/HS  40  ECEAP  15 |
| \*Not homeless now, but was homeless within the last 12 month | 50 |
| \*Parent is incarcerated or detained | EHS/HS  25  ECEAP  15 |
| \*Loss of a parent | EHS/HS  10  ECEAP 15 |
| **HS**  **EHS-HB**  **EHS-CB**  Parent lacks medical or dental insurance | EHS/HS  20 |
| \*Household family member has chronic health condition – **severe** - Unable to engage in work/school/family life OR  **moderate** - Somewhat or mostly able to engage in work/school/family life | EHS/HS  10  ECEAP (chronic & mental)  Severe – 15  Moderate - 10 |
| **HS**  **EHS-HB**  **EHS-CB**  Household family member has mental health condition | EHS/HS  40 |
| \*Household drug/alcohol issues or substance abuse (current or history of), may also receive points for chill drug/alcohol affected | EHS/HS  40  ECEAP  15 |
| **HS**  **EHS-HB**  **EHS-CB**  Parent did not receive prenatal care in first trimester | EHS/HS  40 |
| **HS**  **EHS-HB**  **EHS-CB**  0  Concerns with food security | EHS/HS  25 |
| \*Parent/guardian is a migrant or seasonal worker in agriculture or fishing | EHS/HS  100  ECEAP  15 |
|  |  | **HS**  **EHS-HB**  **EHS-CB**  Recent immigrant or refugee (past 5 years) | EHS/HS  100 |
| **ECEAP**  Child has a family member who attended an Indian Boarding School | ECEAP  15 |
| **HS**  **EHS-HB**  **EHS-CB**  Family lacks reliable transportation and/or proximity to centers | EHS/HS  100 |
| **EHS-CB**  **HS**  **EHS-HB**  Parents divorced/separated during child’s life | EHS/HS  25 |
| Child belongs to a single parent household | EHS/HS 100  ECEAP  10 |
| **EHS-HB**  **HS**  **EHS-CB**  Family has other mitigating risks | EHS/HS  25 |
| **HS**  **EHS-HB**  **EHS-CB**  Family has other concerns that induce fear | EHS/HS  25 |

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| **Application** **Question** | **Application** **Review** **Guidance** | **Selection** **Criteria**  **\*Research-Based** **Priority** **Factors** | | **Possible** **Points** |
| **Subsidized**  **Housing** | This question is needed for ELMS for ECEAP and is for information gathering only. | **No points** | | |
| **Housing** | Visit [OSPI f](http://www.k12.wa.us/HomelessEd/default.aspx)or more information on homelessness and the McKinney-Vento Act. The family is **not** considered homeless if they rent or own their home, or if they live in someone else’s home with another family **by** **choice**.  Selection points must only be applied to either currently homeless or previously homeless, **not** **both**. See **Previously homeless** on previous page.  Verification of homeless status is documented in the Family Living Situation section of the application. The signed application meets the requirement that the family provides a signed statement with a description of how they meet the McKinney-Vento definition. | **Homeless** | \*Currently meets McKinney-Vento definition of homeless.  Only apply if you are not applying points for other categorically eligibility. | 500 |
| **Application** **Question** | **Application** **Review** **Guidance** | **Selection** **Criteria**  **\*Research-Based** **Priority** **Factors** | | **Possible** **Points** |
| **Public**  **Assistance** | Confirm with the family that the person who receives public assistance is the parent/guardian, the child, or another person living in the household who is related by blood, marriage, or adoption.  **HS/EHS:** SSI received for a disability, TANF, and SNAP benefits meet the qualifications for Public Assistance eligibility.  **HS Working Day:** Working Connections Child Care subsidy also applies to eligibility. | **Public**  **Assistance** | Parent/guardian child(ren), and/or other household member receive Public Assistance (SSI,TANF, SNAP, WCCC, etc.)  Only apply if you are not applying points for other categorically eligibility. | 500 |
| **WIC** | These are needed for HS/EHS Program Information Report (PIR) and is for information-gathering only. | **No points** | | |
| **EHS-HB**  **EHS-CB**  **HS**  **Agency**  **Referral** | Community engagement and continuous collaboration with key partners, allow us to continue to reach families in our target populations. | **Agency**  **Referral** | \*Agency/Case/Worker/Identified Partner Referral (E.g. DSHS, MSS, WIC, NFP, CPS, PCAP, Holly Ridge, homeless organizations) | EHS/HS  100 |
| OB/Pediatrician/Medical Professional Referral | EHS/HS  100 |

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| **Application** **Question** | **Application** **Review** **Guidance** | **Selection** **Criteria**  **\*Research-Based** **Priority** **Factors** | | **Possible** **Points** |
| **Family** **size** | Confirm with the family that the information is correct. Family size helps to determine [Federal](https://drive.google.com/file/d/129RpN7beJZyijmw5iMlrOIjRzTwM2byB/view?usp=sharing) [Poverty Level (FPL) or State Median Income (SMI).](https://drive.google.com/file/d/129RpN7beJZyijmw5iMlrOIjRzTwM2byB/view?usp=sharing) Refer to Family Size.  Keep in mind that families vary. It is imperative that you collect all documentation that supports family size and ask who in the family works/receives income. | **No points – see Income** | | |
| **Income** | Use Federal Poverty Level (FPL) for HS/EHS. Use State Median Income (SMI) for ECEAP Verify that the income documents support the family’s information on the application, including family size.  A family may share that they have experienced an extenuating circumstance, such as death, divorce, injury, layoff, domestic violence, or similar event, which has significantly decreased their current family income. If, due to this circumstance, using previous 12 months or previous calendar year no longer reflects their income, get a complete financial story by asking clarifying questions such as the following:   * What income did you receive in the last 12 months or previous calendar year? * Did you start collecting unemployment? * Are there any other forms of income coming into your home? * How are you meeting basic needs like food & shelter?   Also, use the Current Month for children in foster/kinship care (or for ECEAP only: adopted after foster/kinship or orphanage in another country).  If using the Current Month Income, determine selection points and FPL % by multiplying the current month amount by 12. See Income Verification. | **Income** | See **Federal Poverty Level/State Median Income Chart or Selection Points Chart** | |

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| **Application** **Question** | **Application** **Review** **Guidance** | **Selection** **Criteria**  **\*Research-Based** **Priority** **Factors** |
| **Parent Signature** | **The** **parent/guardian** **must** **sign** **the** **application** **to** **verify** **that** **the** **information** **they** **have** **given** **is** **true** **and** **correct.** Electronic signatures are acceptable. Share that their application information will be entered in various secure databases and may be used for tracking child and family progress, and for research. Information related to immigration status is not entered or shared with state or federal agencies.  **Families utilizing the help of interpretive services over the phone** may provide verbal agreement to have interpreter sign the application on behalf of the parent/guardian.  **If** **a** **parent** **is** **unable** **to** **sign** **their** **application** **for** **any** **reason,** **a** **verbal** **verification** **is** **required.** Leave the parent signature line blank and the parent’s signature must be obtained by the first day of service. | **No Points** |
| **Survey** **for Statewide** **Planning**  **ECEAP** | **Ask** **the** **family** **this** **question,** **required** **in** **ELMS:** “If you could choose the length of day for your child’s preschool, which is best for your child and family?   * Part Day – 3 hours, 3-4 days a week * School Day – 6 hours, 4-5 days a week * Working Day – available all day, all year, like a childcare center   Explain that this is for information-gathering only and that these options may not all be available our centers/sites. | **No Points** |

**EL-4.** **Verify** **Eligibility Verification Form (EVF) and Document Income in ChildPlus**

This where the family’s proof of eligibility documents (income, child’s age, authority to enroll, family size) are recorded.

**The EVF is** **valid** **in** **these** **conditions:**

* For actively enrolled Head Start children for two program years. Eligibility is valid for the year in which eligibility was verified, even if there is a break in service.
* For ECEAP children until kindergarten.
* For actively enrolled Early Head Start children throughout their entire enrollment in the EHS program. Eligibility is valid for the year in which eligibility was verified, even if there is a break in service.
* For children not selected for enrollment who stay on the waitlist during the current program year (must reapply if still age-eligible the following program year).

**New** **application and** **eligibility** **determination are** **required** **for** **the** **following:**

* Children returning for their 3rd year in Head Start.
  + Add 1000 returning points.
* Children transitioning from Early Head Start to Head Start or ECEAP.
  + Add 1000 returning points.
* Children transitioning from ECEAP to Head Start or vice versa.
  + Add 1000 returning points.
* Children not selected for enrollment the previous program year, who are still age-eligible for the new program year.

**Eligibility** **Period**

Proof of income is required from the parent(s)/guardian(s) living in the child’s primary household (child may live in two primary households – refer to exceptions for **Family Size** or special considerations for **Income Verification**). Income must be collected for the previous calendar year **or** the last 12 months from the date the application was received.

* Choose **Current** **month** **–** **significant** **decrease** **in** **income** if the family proves a significant decrease in their income due to death, divorce, unexpected job loss or similar circumstance. You must **still** **collect** **12** **months** **of** **income.** Use the signed statement of circumstance to document income for current or most recent month with decrease of income.
* Choose **Current** **month** **–** **foster/kinship** **care** if the child is currently in foster/kinship care (or for ECEAP only, was adopted after foster/kinship or orphanage care in another country).
  + Only collect proof of the foster/kinship care grant amount applicable to the child. **Adult** **income** **is** **not** **collected.** If there is no grant, count the income as $0.00.
  + Family size is 1.
  + Remember to gather the Case # or Client ID # from the family.
  + If the payment is for more than one child, divide the amount and count only the portion that is for the child on the application.

**Family** **Size**

A person is counted as part of the family size if they are any of the following:

* A parent/guardian living in the same household as the child,

-**or-**

* A person related to the parent/guardian by blood, marriage, or adoption, living in the same household as the child, **and** is supported by the parent/guardian’s income.

o Do not include household members age 19 or older who have earned or unearned income that covers

half or more of their support.

**Exceptions:**

* **For** **children** **in** **foster/kinship** **care** **(or** **for** **ECEAP** **only,** **adopted** **after** **foster/kinship** **or** **orphanage** **care** **in** **another** **country),** the family size is 1.
* **For** **teen** **parents,** do not count other adults and children in the family size if they are not supported by the teen parent.
* **For** **a** **child** **that** **has** **two** **primary** **households,** count the family size for both households and divide by two. If the resulting number is a fraction/decimal, round up to the nearest whole number.
* **For Prenatal applications**, count the unborn child(ren) in the family size.

**Income** **Verification**

**Only** **collect** **the** **income** **of** **the** **applying** **child’s** **parent/guardian.** You may use the **Family Income Section in ChildPlus** to calculate multiple types of income.

Proof of income must align with the eligibility timeframe – either the previous calendar year (e.g., January to December) **or** the previous 12 months from the date the application was received. **Do** **not** **project** **future** **income.**

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| **Annual/12-Month Income** | **Person with Income (Name)** | **Type of Income** | **Weekly Amount** | **# of Weeks Received** | **Monthly Amount** | **# Months Received** |  | **Annual Amount** |
|  | W‐2 |  | | | | $ |  |
|  | W‐2 |  | | | | $ |  |
|  | Tax return (1040) or IRS transcript – total income (line 9) |  | | | | $ |  |
|  | Tax return (1040) or IRS transcript – total income (line 9) |  | | | | $ |  |
|  | 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 allowances 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 Fellowships for living expenses |  | |  |  |  |  |

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**The** **letters** **(a-m)** **on** **the** **following** **pages** **correspond** **with** **the** **types** **of** **income** **documents** **listed** **on** **the application and Family Income Section in ChildPlus.**

**a.** **W-2s**

* Use Box 1: Wages, tips, and other compensation.
* When using previous 12 months, you may divide the W2 amount by the months worked during that time to get a monthly amount. Do not automatically divide by 12 unless the parent/guardian worked all 12 months.

**b.** **1040**

* Use Total Income. Line number varies per Tax Document.

This amount may include income listed in the **Do Not Count** section. If the Total Income amount does not accurately reflect the family’s current circumstance, use other proof of income documents.

* Depending on the time of year, you may use either the previous year or current year 1040 form – whichever best reflects the family’s income at the time of application. For example, a family applying in March 2019 for the 2018-2019 program year may use either 2017 1040 **or** 2018 1040.

**c.** **Pay** **stubs**

* Collect pay stubs for the time worked during the determined eligibility period.
* If the family receives the same amount for each paycheck, but does not have enough proof of pay stubs, document and multiply accordingly (i.e., Paid schedule x frequency of pay = Annual amount), and have the applicant fill out and sign an **Statement of Circumstance**. For example:

o Once a week x 52 = Annual amount

o Every other week x 26 = Annual amount

o Twice a month x 24 = Annual amount

o Once a month x 12 = Annual amount

* Year-to-Date (YTD) may be used if it reflects 12 months and is the last pay stub of the calendar year.

**d.** **Net** **income** **from** **self-employment**

* Verify whether there are other sources of income.
* 1040 form will also include net income from self-employment.
* If a family reporting self-employment has a negative total income, ask them to complete a Statement of Circumstance. Use $0 for income amount.

**e.** **Court-ordered** **child** **support** **received** **by** **the** **primary** **household**

* Do not count any child support that is not court-ordered.

**f.** **Public** **Assistance**

* Supplemental Security Income (SSI) for disability (based on need)
* All Temporary Assistance for Needy Families (TANF) **cash** grants, including Child-only TANF, and WorkFirst.
* “Non-Needy Relative,” “In Loco Parentis,” or “Legal Guardianship” grants
* Count all public assistance that is received by the parent/guardian, child, and family members counted in family size **and** that is sent to the parent/guardian.
* Supplemental Nutrition Assistance Program (SNAP) benefits do not provide income that needs to be counted, but verification of a family receiving these benefits qualifies them as eligible under Public Assistance status for HS/EHS.

**g.** **Military** **payments**

* All entitlements (pay and allowances) reported on Leave and Earnings Statements (LES)
  + Basic pay such as active duty, drills, reserve training, training duty, Continental United States Cost of Living Allowance (CONUS COLA), etc.
  + Special or incentive pay and bonuses
  + Other payments such as accrued leave, high deployment per diem, etc.

**h.** **Social** **Security,** **retirement** **benefits,** **or** **pension** **payments**

* This may include Social Security Disability Insurance (SSDI), based on work record.

1. **Taxable** **tribal** **income:** Children with tribal affiliation or membership are a priority population.

**j.** **Unemployment**

**k.** **Workers** **Compensation** **(L&I)**

**l.** **Other**

* Statement of Circumstance. Signed Statement of Circumstance must contain parent/guardian name, eligibility period, income amount.
* Alimony
* Annuity payments
* Emergency Assistance and cash payments
* Insurance payments that are regular (not one time)
* Training stipends
* Strike benefits
* Veteran’s benefits
* Interest and dividends from assets
* Gambling or lottery winnings
* Backpay, bonuses, overtime, or tips received during the relevant eligibility time-period.
* Scholarships/grants/fellowships **for** **living** **expenses** **only.** If the amount includes **other expenses**, ask parent to estimate the portion used for living expenses. Document on a signed Statement of Circumstance.
* Student Loans

**Do** **not** **count** **the** **following** **as** **income.**

* For uniformed service members, Basic Allowance for Housing (BAH), Basic Allowance for Subsistence (BAS), Family Separation Housing (FSH), and Hostile Fire Pay/Imminent Danger Pay (HRP/IDP), including income from a deployed parent/guardian.
* Disability payments made to disabled children of Vietnam veterans as prescribed by the Secretary of Veterans Affairs
* Assets drawn down, such as cash from sale of an asset or bank withdrawals
* Capital gains
* Non-cash benefits such as food stamps (Basic Food benefits/assistance), housing assistance, Medicaid, Medicare, school lunches, employer-paid fringe benefits
* Food or housing received in lieu of wages
* Tax refunds
* One-time gifts, loans, inheritances, or insurance settlements
* Non-court ordered child support
* Scholarships/educational grants **for** **tuition,** **books,** **fees,** **etc.**
* Stimulus payments due to natural disasters, pandemics, or state of emergency.

**The** **following** **are** **special** **income** **considerations:**

* **Cannot** **provide** **proof** **of** **income**

o Determine and document the total annual income for the previous calendar year **or** last 12 months on a signed Statement of Circumstance

* **No** **income** **for** **part** **of** **or** **the** **entire** **12-month** **eligibility** **period**

o Discuss with the family and document how basic needs are met on a Statement of Circumstance Email, a legible handwritten letter, or other documents are acceptable. If the family gives written consent, you may accept a statement from third parties (e.g. case worker, K-12 school staff, etc.) about the family’s income. You must then adhere to your program’s safety and privacy policies and procedures.

o Use $0.00 if the family reports they had no income for a particular month or timeframe. Use a Statement of Circumstance.

* **Child** **lives** **in** **two** **households**

o When a child lives in two households, first find out if there is a primary household. A household is primary if any of these apply:

* + - The child lives with one parent more than half the time.
    - The parenting plan awards one household primary custody.
    - One household receives child support from the other (may or may not be court-ordered). In this case the receiving household is primary.

o If there is a primary, use that household only to determine family size and income. Only include child support in the total annual income if it is court-ordered.

o If parents have joint custody and neither parent receives child support from the other, consider this dual

custody and collect half of each of the incomes for the two parents who share legal custody. Do not collect the income of their current spouses or partners, if any.

* **Family** **moved** **from** **another** **country** **within** **the** **past** **12** **months.**

O You must collect 12 months of income for this family, either the past calendar year or the previous 12 months.

If the family does not have documentation of income received outside the USA, use a Statement of Circumstance.

If the income was received in a currency other than US dollars, use a currency converter such as

[OANDA Currency Converter](https://www.oanda.com/currency-converter/en/?from=MXN&to=USD&amount=60000) to figure income in US dollars.

If the family has a decrease in income since moving to the United States and using previous 12 months does not fully capture the decrease, use Current Month.

* **Adoption**

**ECEAP**

For a child adopted after foster/kinship care, or an orphanage in another country, count as a family size of 1.

If there is a grant or payment related to adoption report, use the application and the Family Income Section in ChildPlus. If there is no grant, income is $0. Adult income is not collected.

**EHS-CB**

**HS**

**EHS-HB**

While selection points are given for a child adopted after foster/kinship care, or an orphanage in another country, **total family size must be counted, and all adult income must** **be** **collected.**

**To** **determine** **Annual** **Total** **Income,** add all the sources of income and round the total to the nearest dollar (e.g., $18,601.51 = $18,602). The total income and family size will calculate the family’s Federal Poverty Level (FPL), which is used to determine **Income Status** in ChildPlus and income points on the **Selection Points Chart*.*** Also see the **Federal Poverty** [**Level/State Median Income.**](https://drive.google.com/file/d/129RpN7beJZyijmw5iMlrOIjRzTwM2byB/view?usp=sharing)

**ECEAP**

**Continue** **below** **if** **legally** **binding** **child** **support** **is** **paid** **(ECEAP** **only).** If this circumstance does not apply, leave this section blank in the application and move on to the Current Month section (if applicable), or to Family Income Section in ChildPlus.

If there is a legally binding child support order with a documented child support payment to another household, subtract this payment from the Annual Total Income, then recalculate the total. Enter the new total in Adjusted Annual Total Income. **Make** **sure** **a** **copy** **of** **the** **legally** **binding** **document** is uploaded to ChildPlus.

**If using Current month or there is a significant decrease in income or family providing foster/kinship care, follow steps below. A signed Statement of Circumstance is required.** If this circumstance does not apply, leave this section blank and move on to Eligibility Status).

1. Enter the Current monthly amount and multiply by 12 for12 (for the purpose s of the Selection Points

Chart and FPL/SMI only. It is not projected income). Document this amount in the red box.

a. **Example:** A family of 3 with an Annual Total Income of $35,000 has experienced job loss; their current month income reflects $1,000. The new annual income equals $12,000. Staff should document the $35,000 in the Annual Total Income box, document the $1,000 in Monthly Amount, and $12,000 in ChildPlus.

b. **Example:** A child is in foster care and guardians receive a monthly grant of $350. Leave the Annual/12 Month Income section blank and skip to the Current Month section. Multiply the $350 times 12 and the income equals $4,200. Document $350 in Monthly Amount, and $4200 in the red box.

2. Use the amount in the ChildPlus to determine **Income Status** and/or to determine FPL/SMI % for selection points, when applicable. Using the first example above (family of 3 with income of $12,000), FPL would fall within 51-99% FPL and SMI would be 36%*.* See [**Selection Points Chart**](https://drive.google.com/uc?export=download&id=1KoKV19tBFdTrDfFgylqJqvUQbauCVu2l) or the [**Federal Poverty Level/State Median**](https://drive.google.com/file/d/129RpN7beJZyijmw5iMlrOIjRzTwM2byB/view?usp=sharing)[**Income.**](https://drive.google.com/file/d/129RpN7beJZyijmw5iMlrOIjRzTwM2byB/view?usp=sharing)

**Eligibility** **Status**

Once income is documented and verified, determine the child’s Income Status in ChildPlus. **This** **is** **a** **crucial** **and** **required** **step** **in** **completing** **the** [**Eligibility Verification Form automatically generated in ChildPlus.**](https://drive.google.com/uc?export=download&id=1Nyf5eFbUhT76D3kNLFQoWm9MyLUD_qSX)

* Use FPL for HS/EHS and use SMI for ECEAP.
* A child will qualify if they meet the FPL/SMI Guidelines, have a special circumstance, or they may be considered for an Over-Income slot if the family income exceeds the FPL/SMI Guidelines.
* When deciding an Income Status in ChildPlus, select only one Income Status. **Our program** **has** **multiple** **options,** please determine the Eligibility Status for each program option to increase the child’s opportunity for enrollment, and to make any transitions between models smoother.

Below are examples for each status by program:

**EHS-CB**

**EHS-HB**

**HS**

|  |
| --- |
| **Income Status:** Homeless Foster Care/Kinship Care Public Assistance Income – up to 100% FPL 101 to 130% FPL |

* Family’s annual total income is $21,330 for a family of 3. Choose the **Income** **–** **up** **to** **100%** **FPL** box.
* Family reports homelessness and annual total income is $21,330 for a family of 3. Living situation has been documented during application review. Choose the **Homeless** box.
* Child is in Foster Care with or without a grant. Choose the **Foster** **Care/Kinship** **Care** box.
* Family receives SNAP food benefits and annual total income is $23,463 for a family of 3. Choose the **Public** **Assistance** box.
* Family’s annual total income is $23,463 for a family of 3. This child is Over-Income. Choose the **101** **to** **130%** **FPL** box.

o If families from this Income Status are selected for enrollment, agency must have well-maintained documentation of recruitment efforts.

**EHS-CB**

**HS**

**EHS-HB**

**HS/EHS Only:** If the child qualifies for multiple Eligibility Statuses, default to and choose in the following order.

1. Homeless
2. Foster Care/Kinship Care
3. Public Assistance
4. Income

**ECEAP**

**Income Status:** Income – up to 36% SMI Above 36% SMI with current and active IEP, or

Part of a federally recognized tribe by experiencing homelessness

membership/ancestry/lineage with income between 36% and Above 36% SMI with Birth-to-3 Early Intervention

100 SMI participation (turned 3 by Aug 31)

**Income Eligible Scenarios:**

* Family income is $27,255 for a family of 3. Eligibility would be **Income Up to 36% SMI**.
* Family reports homelessness and annual total income is $21,330 for a family of 3. Living situation has been verified during application review. Eligibility would be **Income Up to 36% SMI**.
* Family reports previous ESIT participation, and annual total income is $36,340 for a family of 3. Eligibility is **Above 36% SMI with current and active IEP, homeless, or with Birth-to-3 Early Intervention participation**.
* Child has an active IEP. Family’s total annual income is $45,235 for a family of 3. Eligibility is **Above 36% SMI with current and active IEP, homeless, or with Birth-to-3 Early Intervention participation**. Upload a copy of IEP to attachment tab in ChildPlus.

**Over-Income:** Between 36% and 50% SMI with research based priority factor Part of a non-federally recognized tribe by

Above 50% SMI with research based priority factor membership/ancestry/lineage with income between

Above 36% SMI with previous Birth-to-3 Early Intervention 36% and 100% SMI

Participation (turned 3 after Aug 31) Above 36% SMI, no research-based priority factor

**Over-Income Eligible Scenarios:**

* ELMS is using the term “Exceeds SMI Eligiblity (ESE)” for Over Income.
* Family’s annual total income is $39,461 for a family of 3. This child could be approved for an Over-Income slot if at least one DCYF research-based priority factor is identified. Eligibility is **Between 36% and 50% SMI with a research-based priority factor**.

o If families from this Income Status are selected for enrollment, sites must have well-maintained documentation of recruitment efforts and must have offered enrollment opportunities to families on the waitlist with higher priority first.

* Family’s annual total income is $79,461 for a family of 3. This child could be approved for an Over-Income slot if at least one research-based priority factor is identified. Eligibility is **Above** **50%** **SMI** **with** **research-based** **priority factor** box.

o If families from this Income Status are selected for enrollment, sites must have well-maintained

documentation of recruitment efforts and must have offered enrollment opportunities to families on the waitlist with higher priority first.

* Family’s annual total income is $63,990 for a family of 3 with no priority factor. Eligibility is **Above** **36%** **SMI,** **no** **research-based priority factor box.**

o Although this child is not eligible for ECEAP Enrollment, continue to verify eligibility and share with the family that if their situation changes, to reach out to update their application. Please consider the following:

Give resources for other childcare/preschool options that best meet their needs.

Contact [ERSEA@oesd.org](mailto:ERSEA@oesd.org%20) for support in deciding if an exception applies.

* Once enrolled, a child’s **eligibility is valid for a period of time** based on the program, as reflected below:

|  |  |
| --- | --- |
| **HS** | Children keep the original eligibility for the current program year and for the entire time they are actively enrolled, up to two program years. If returning for a third year **or** considered a **Previously Enrolled** child for a new program year after being “Dropped” in ChildPlus, eligibility must be reverified. |
| **ECEAP** | Children keep original eligibility until kindergarten, without reverification of income or priority factors. See **Previously Enrolled** guidance. |
| **EHS-CB**  **EHS-HB** | Children keep original eligibility for the entire time they are enrolled in Early Head Start. |

* **Early** **Head** **Start** **transitions** **to** **Head** **Start**: Verify the child’s eligibility as a new child.
* If a child’s family income is reverified in the 3rd year and if the child is above 130%, this child may not be eligible to return to the OESD 114 Early Learning Program.

**Document** **Verification**

Eligibility documents are required to verify child’s age, authority to enroll, and family size.

**EHS--CB**

**EHS-HB**

**HS**

* Staff must not create barriers for the family if documentation is not immediately available to verify a child’s age, authority to enroll, and family size. Describe the reason the family cannot find these documents in Eligibility Notes in ChildPlus (e.g., homelessness, natural disasters, fire, domestic violence, or similar reason). **Remember** **to** **document** **Annual** **Income** **if** **proof** **of** **income** **is** **unavailable.** Use a signed Statement of Circumstance.
* **EHS-HB**: It is not necessary to verify age and authority to enroll for prenatal applicants.

**ECEAP**

* When documentation is not immediately available, you have up to 90 calendar days to verify child’s age, authority to enroll, and family size. Describe the reason the family cannot find these documents in Eligibility

Notes in ChildPlus(e.g., homelessness, natural disasters, fire, or domestic violence). **Remember** **to** **document** **Annual** **Income** **if** **proof** **of** **income** **is** **unavailable. Use** **a signed Statement of Circumstance.**

* + Staff must continue to try to collect missing eligibility documents and document your efforts in Eligibility Notes in ChildPlus.
  + Eligibility staff using the 90-day window will receive follow up alerts in ELMS starting at the 60-day mark. Another alert will show if documents have not been obtained after 90-days.
  + Once documents are received, add information to ELMS. If the ELMS application is locked, email [ELMS@dcyf.wa.gov](mailto:ELMS@dcyf.wa.gov) with the Child ID.
* **For** **children** **with** **an** **active** **IEP,** **families** **must** **provide** **a** **copy.**

The charts below list the most common documents to request from a parent/guardian as proof of eligibility. Example documents for each are also listed. **Only** **choose** **“Other”** **and** **name** **the** **document** **if** **none** **of** **the** **suggested** **documents** **are** **available.**

* **Proof** **of** **age:**

o Use parent signed **Statement of Circumstance** if providing another document creates a barrier for

the family.

o Documents to verify child’s age may include any listed below and must show the child’s name and date of birth.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Document** **Verification:** Staff viewed copies of the following to determine age, authority to enroll, & family size: | |  |
| **Age: 🞎** | **🞎 N/A – Pregnant Families** | |  |
| 🞎 90-day grace period to locate documents **(ECEAP** **only)**  🞎 Adoption papers  🞎 Birth certificate  🞎 Court documents  🞎 Foster care authorization letter  🞎 Government document with birth date  🞎 IEP (Individualized Education Program)/IFSP (Individualized Family Service Plan)  🞎 Immunization record | | 🞎 Medical card or records  🞎 Medical record of birth  🞎 Passport/Visa  🞎 Paternity affidavit  🞎 Permanent resident (“green”) card  🞎 School Records (e.g., parent signed OESD 114 EL Application)  🞎 Other  🞎 None **(HS/EHS** **ONLY)** – Specify barrier: | |

* **Proof** **of** **authority** **to** **enroll:**

o A person has the authority to enroll a child if any of the following applies:

They are the child’s biological, adoptive, step, or foster parent.

They have been awarded custody by a court via a Non-Parental Custody Decree.

They have been granted temporary custody via a written temporary parental consent agreement:

- Must be signed by both parents or explain why one parent is not available.

- Must be agreed by the parent and the person assigned temporary custody.

- Need not be approved by a court or notarized.

They are acting *in* *loco* *parentis* (in place of a parent) by intentionally assuming the duties of a parent and responsible for exercising the day-to-day care and control of the child **(N/A** **for** **EHS-HB)**.

o If a childcare provider or grandparent made the first contact with your program because the parents are unavailable, the parents would be listed in the application and their authority to enroll would be noted.

o “Guardian” and “kinship caregiver” are examples of caregiving that could be absent of a legal binding document. Choose “Other” and write “Parent/guardian report.”

o “Guardian” Documents to verify authority to enroll may include any listed below and must show the

parent’s/guardian’s name and the child’s name. (The exception is the Passport/VISA, which does not include both names on one document. For this reason, please include a signed **Statement of Circumstance**).

o The parent signed OESD 114 EL Application is not documentation of Authority to Enroll.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Authority to Enroll** | |  |
| **Age: 🞎** | **🞎 N/A – Pregnant Families** | |  |
| 🞎 90-day grace period to locate documents **(ECEAP** **only)**  🞎 Benefits letter showing guardian receives benefit on behalf of the child  🞎 Birth certificate  🞎 Court or legal document  🞎 Foster care record  🞎 Guardian’s income tax return listing child  🞎 *In loco* *parentis* (legal doctrine describing a relationship like that of a parent to a child)  🞎 Insurance documents stating relationship  🞎 Immunization record  🞎 Legal will, describing the relationship | | 🞎 Letter from social worker, school personnel, lawyer,  religious leader, or mental health professional  🞎 Passport/Visa and signed Statement of Circumstance  🞎 Records from school (other than parent signed OESD 114 EL  App), hospital, clinic, other public health, or social service agency  🞎 Written agreement signed and dated by parent and person  assuming custodial responsibility  🞎 School Records (e.g., parent signed OESD 114 EL Application)  🞎 Other  🞎 None **(HS/EHS** **ONLY)** – Specify barrier: | |

* **Proof** **of** **family size:**

o Use parent signed Statement of Circumstance if providing another document creates a barrier for the family.

o Documents to verify family size may include any listed below and must show either the number of family members or the family members’ names listed.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Proof of Family Size:** Check all necessary to show total family size | |  |
| 🞎 90-day grace period to locate documents **(ECEAP** **only)**  🞎 Benefits letter (TANF, SSI, etc.)  🞎 Court or legal document  🞎 Foster care grant  🞎 Rental/Housing document | | 🞎 Provider One website (i.e., family may log in to their account)  🞎 School Records (e.g., parent signed OESD 114 EL Application)  🞎 Tax records from previous year (1040)  🞎 Other  🞎 None **(HS/EHS** **ONLY)** – Specify barrier: | |

**Staff** **Member** **Verification** **of** **All** **Required** **Eligibility** **Sections**

Once all required documents (income, age, authority to enroll, family size) have been verified and Eligibility Status has been determined and documented, the staff member who determined the child’s eligibility must sign and date the **OESD 114 EL application** to finalize the eligibility process.

This signature will certify that, to the best of the staff member’s knowledge, the information on the form is true and correct, and that they have viewed and verified documentation establishing this child’s eligibility for OESD 114 Early Learning. Lastly, this signature certifies that this child will not be enrolled in Head Start and ECEAP at the same time (Dual enrollment is not allowed). **This** **is** **a** **crucial,** **required,** **and** **final** **step** **in** **determining** **eligibility.** When this form is signed and dated, and the child is selected and enrolled in program, eligibility cannot be changed.

In the instance that a family does not read or write in English, our program may enlist the assistance of an interpreter to interpret verbiage on signature page and statement of circumstance. With parent’s verbal approval, the interpreter is able to sign document on behalf of family. Enter the name of staff who verified eligibility and the date the staff signed and dated the **OESD 114 EL Application** in ELMS.

**EL-5.** **Complete** **the** **Selection** **Points** **Chart**

After you have determined and verified eligibility with the family, you must complete the **Selection Points Chart**.

Remember that the family’s answers during the application review determine how to apply selection points on the [**Selection Points Chart**.](https://drive.google.com/uc?export=download&id=1KoKV19tBFdTrDfFgylqJqvUQbauCVu2l) The application questions align with the selection criteria.

* As stated in **Eligibility Status**, a child may qualify for multiple Eligibility Statuses. The list below reflects our children with the highest needs. Apply 500 points for only one of these.

1. Foster Care
2. Kinship Care
3. **ECEAP Only:** Adopted after Foster Care/Kinship Care/Orphanage
4. CPS/FAR/ICW
5. Homeless
6. Public Assistance

**If** **a** **family** **is** **OI** **(Over-Income** **for** **HS/EHS)** **or** **ESE** **(Exceeds** **SMI** **Eligibility** **for** **ECEAP)** Follow these steps:

1. Send family over income email in ChildPlus. Informing them of their status and that staff will have to prioritize eligible families and enroll them first. Let them know they may not get into program. Provide resources for other childcare/preschool options.

**EL-6.** **Finish** **the** **Application** **Process** **(Add** **to** **ChildPlus** **or** **ELMS)**

The child’s completed application packet (**application**, **EVF**, and **Selection Points Chart**) has all the information you need to upload to ChildPlus or to complete the application in ELMS.

Follow the steps below according to your program model(s):

**EHS-CB**

**EHS-HB**

**HS**

* Upload the signed application and the applicable **Selection Points Chart**, and all proof of eligibility documents, including proof of income, age, authority to enroll, and family size to the [**ChildPlus Application Module**.](https://drive.google.com/file/d/1Eml67d1FVv5zPA3BC-U5Nz2wnsZBG9Ej/view?usp=sharing)
* Once entered in ChildPlus, change status from New to waitlisted to families chosen program options.

**ECEAP**

* Each new child record is started in ELMS by entering a Prescreen. Review the “Child Prescreen” section of the [**ELMS Eligibility and Enrollment Manual.**](https://www.dcyf.wa.gov/sites/default/files/pdf/eceap/ELMS_Eligibility_and_Enrollment_Manual.pdf)
* **Complete** **the** **full** **ELMS** **Application** **after** **eligibility** **has** **been** **verified** **and** **the** **OESD 114 EL application** **has** **been** **signed** **and** **dated** **(i.e.,** **do** **not** **continue** **past** **the** **Prescreen** **if** **eligibility** **is** **not** **yet** **verified).**
* It is important that there is only one Prescreen and Application in ELMS for each child.

o Please review “Children Who Are Already in ELMS” in the [**ELMS Eligibility and Enrollment Manual**.](https://www.dcyf.wa.gov/sites/default/files/pdf/eceap/ELMS_Eligibility_and_Enrollment_Manual.pdf)

o Contact DCYF for more support.

* Please review “Locked Prescreens and Application” in the **ELMS Eligibility and Enrollment Manual.**

o You can change information in the Prescreen until the child is enrolled in a class in ELMS.

o When the child is enrolled in a class in ELMS, the Prescreen is locked.

o Contact DCYF for more support

**EL-7.** **Proof** **of** **Eligibility** **Documents** **-** **Destroy**

Once the child/pregnant family has been entered into ChildPlus (HS/EHS) and/or ELMS (ECEAP) **and** waitlisted, proof of eligibility documents submitted by the family must be uploaded into ChildPlus. The signed application must be completed. These documents include proof of income authority to enroll.

All documentation required to verify eligibility, as well as any additional documents that may be needed, must be uploaded into ChildPlus under attachments, and then shredded.