



## CHILD INFORMATION

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female  X \_\_\_\_\_

### WHAT IS YOUR CHILD'S PRIMARY LANGUAGE?

English  Spanish  Russian  Vietnamese  Chinese  Other \_\_\_\_\_

### WHAT LANGUAGE(S) DO YOU SPEAK AT HOME?

English  Spanish  Russian  Vietnamese  Chinese  Other \_\_\_\_\_

### CHILD'S RACE AND ETHNICITY:

#### American Indian or Alaska Native

<input type="checkbox"/>	American Indian
<input type="checkbox"/>	Alaska Native
<input type="checkbox"/>	Canadian Inuit, Metis, or First Nation
<input type="checkbox"/>	Indigenous Mexican, Central American, or South American

#### Native Hawaiian or Pacific Islander

<input type="checkbox"/>	Guamanian or Chamorro
<input type="checkbox"/>	Micronesian
<input type="checkbox"/>	Native Hawaiian
<input type="checkbox"/>	Samoaan
<input type="checkbox"/>	Tongan
<input type="checkbox"/>	Other Pacific Islander

#### Middle Eastern/Northern African

<input type="checkbox"/>	North African
<input type="checkbox"/>	Middle Eastern

#### Asian

<input type="checkbox"/>	Asian Indian
<input type="checkbox"/>	Chinese
<input type="checkbox"/>	Filipino/a
<input type="checkbox"/>	Hmong
<input type="checkbox"/>	Japanese
<input type="checkbox"/>	Korean
<input type="checkbox"/>	Laotian
<input type="checkbox"/>	South Asian
<input type="checkbox"/>	Vietnamese
<input type="checkbox"/>	Other Asian

#### Hispanic or Latino/a

<input type="checkbox"/>	Hispanic or Latino/a Central American
<input type="checkbox"/>	Hispanic or Latino/a Mexican
<input type="checkbox"/>	Hispanic or Latino/a South American
<input type="checkbox"/>	Other Hispanic or Latino/a

#### Black or African American

<input type="checkbox"/>	African American
<input type="checkbox"/>	African (Black)
<input type="checkbox"/>	Caribbean (Black)
<input type="checkbox"/>	Other Black

#### White

<input type="checkbox"/>	Eastern European
<input type="checkbox"/>	Slavic
<input type="checkbox"/>	Western European
<input type="checkbox"/>	White/Caucasian
<input type="checkbox"/>	Other White

#### Other Categories

<input type="checkbox"/>	Other:
<input type="checkbox"/>	Don't know/Unknown
<input type="checkbox"/>	Decline/Don't want to answer

Is your child currently enrolled in a child care/preschool program?  Yes  No

If yes, list the name of the program? \_\_\_\_\_

Is this child in a state approved foster care placement?  Yes  No

Does your child receive special education services, have an Individual Family Service Plan (IFSP), working with Early Intervention (EI), or Early Childhood Special Education (ECSE) to support your child's development?  Yes  No

Does your child require any of the following specialized supports (answer does not impact eligibility)?

Behavioral	Health	Mental Health	Nutrition
<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

If yes, list any health partners, ECSE specialists, or other providers you would like us to know about:

How many people live in your household? \_\_\_\_\_

Is your family currently facing any of the following living situations: living in a shelter, staying in a motel or campground due to a lack of adequate housing, residing in a car, park, abandoned building, or bus/train station, double up (staying) with others due to housing loss or financial difficulties or Lacking a fixed, regular, and adequate place to stay at night?

Yes  No

### LEGAL PARENT/GUARDIAN 1 INFORMATION

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to child:  Parent  Legal Guardian  Foster Parent  Other: \_\_\_\_\_

Child lives with Parent/Guardian what percentage of time:

0%  1 to 25%  26 to 50%  51 to 50%  51 to 74%  75 to 99%  100%

### LEGAL PARENT/GUARDIAN 1 CONTACT INFORMATION

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Physical Address (if different): \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

How do you prefer to be contacted?  Primary Phone  Secondary Phone  Email  Text  Other: \_\_\_\_\_

### IN WHICH LANGUAGE DO YOU PREFER TO RECEIVE...

Written Communication:  English  Spanish  Russian  Vietnamese  Chinese  Other: \_\_\_\_\_

Verbal Communication:  English  Spanish  Russian  Vietnamese  Chinese  Other: \_\_\_\_\_

### LEGAL PARENT/GUARDIAN 1 EMPLOYMENT STATUS

Check all that apply:

Employed PT/FT  Student  Business Owner  Currently not working (unemployed, stay at home parent, retired, etc.)

Other: \_\_\_\_\_

## LEGAL PARENT/GUARDIAN 2 INFORMATION

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to child:  Parent  Legal Guardian  Foster Parent  Other: \_\_\_\_\_

Child lives with Parent/Guardian what percentage of time:

0%  1 to 25%  26 to 50%  51 to 50%  51 to 74%  75 to 99%  100%

## LEGAL PARENT/GUARDIAN 2 CONTACT INFORMATION

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Physical Address (if different): \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

How do you prefer to be contacted?  Primary Phone  Secondary Phone  Email  Text  Other: \_\_\_\_\_

## IN WHICH LANGUAGE DO YOU PREFER TO RECEIVE...

Written Communication:  English  Spanish  Russian  Vietnamese  Chinese  Other: \_\_\_\_\_

Verbal Communication:  English  Spanish  Russian  Vietnamese  Chinese  Other: \_\_\_\_\_

## LEGAL PARENT/GUARDIAN 2 EMPLOYMENT STATUS

Check all that apply:

Employed PT/FT  Student  Business Owner  Currently not working (unemployed, stay at home parent, retired, etc.)

Other: \_\_\_\_\_

## Parent Consent - Legal Parent / Guardian Signature

By signing this application, I confirm that I have given true and complete information, and I understand that the Oregon Department of Early Learning and Care may verify the information on this form. I understand that making false statements or intentionally omitting information may subject me to state and federal penalties. I understand PSP is a state funded program and preschool services provided under the PSP program may end if funds are no longer available.

I understand and agree that the information on this form, any information gathered or collected by the provider as part of the Certification of Eligibility, and any tests or reports, describing my child's educational progress in the PSP Program may be shared with entities involved in the delivery of PSP services and supports to my child, including but not limited to preschool providers, Enrollment Committees, Hubs, Education Service Districts (Early Childhood Special Education services), Child Care Resource & Referral and the Oregon Department of Early Learning and Care, for the purpose of administering and evaluating the PSP Program.

**Submission of this eligibility form is not a guarantee of admission into the PSP program. Legal Parent/Guardian Signature and Date Required.**

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

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

**CERTIFICATION OF ELIGIBILITY FORM - FOR PSP ELIGIBILITY SPECIALIST USE ONLY**

Hub Name: \_\_\_\_\_

**STEP 1 - Complete the following information**

Child's Name: \_\_\_\_\_

Family Size: \_\_\_\_\_

Annual Income: \_\_\_\_\_

Family Income Level:

<input type="checkbox"/>	At or below 100% FPL
<input type="checkbox"/>	101 - 130% FPL
<input type="checkbox"/>	131-200% FPL
<input type="checkbox"/>	SNAP, TANF, Adult OHP, OHP Bridge, OHP CWM ("emergency medical" or "emergency Medicaid")
<input type="checkbox"/>	GALA (formerly known as FAR) waiver for over income

Is the family income eligible?  Yes  No

Documents presented for income verification:  
(Check all that apply)

<input type="checkbox"/>	Child Support Statements
<input type="checkbox"/>	Foster Child documentation
<input type="checkbox"/>	Income Tax Form 1040 or 1040A

(Continued) Documents presented for income verification:  
(Check all that apply)

<input type="checkbox"/>	Adult OHP, OHP Bridge, OHP CWM ("emergency medical" or "emergency Medicaid") (dated within the last 12 months)
<input type="checkbox"/>	SNAP (dated within the last 12 months)
<input type="checkbox"/>	TANF (dated within the last 12 months)
<input type="checkbox"/>	ERDC (with additional income verification)
<input type="checkbox"/>	WIC (with additional income verification)
<input type="checkbox"/>	Paystubs (3 most recent concurrent)
<input type="checkbox"/>	SSI letter
<input type="checkbox"/>	Unemployment Statements
<input type="checkbox"/>	W2
<input type="checkbox"/>	Housing Adjustment
<input type="checkbox"/>	PSP Family Income Supplemental Form
<input type="checkbox"/>	Other

Age\* of the Child: \_\_\_\_\_

\*Children must be at least three years old, but not yet eligible for kindergarten, by the date used to determine kindergarten eligibility (September 1 for most school districts in Oregon, please verify date with local school districts).

Documents presented for age eligibility verification:

<input type="checkbox"/>	Copy of birth certificate
<input type="checkbox"/>	Copy of hospital record
<input type="checkbox"/>	Copy of pediatrician/doctor's office paperwork
<input type="checkbox"/>	Copy of child's immunization record (must be from a health care organization, not handwritten)
<input type="checkbox"/>	Health insurance documentation
<input type="checkbox"/>	Foster care placement letter
<input type="checkbox"/>	Legal document (e.g. benefits letter) that shows child's date of birth
<input type="checkbox"/>	PSP Child's Date of Birth Supplemental Form

Is the child's age eligible?  Yes  No

Does the family live in Oregon?  Yes  No

**Please note:** Homeless families not required to submit Oregon address documentation.

Is the family homeless (unhoused)?  Yes  No

Documents presented for living in Oregon verification:

Current utility/service bill (electric, gas, water/sewer and waste)
Lease or rental agreement
Identification card or Oregon driver's license
Paystub, 1040 tax form, or W2
Benefits letter (OHP letter, SNAP, Social Security, TANF, etc.) dated within the last 12 months
Foster care placement letter
Secure address through Address Confidentially Program
PSP Address Supplemental Form

**Important: PSP Eligibility specialists are required to keep copies of all documentation presented/used to determine eligibility.**

### STEP 2 - Staff Certification and Signature

INTAKE STAFF - I have examined documents and information presented by the parent(s)/guardian(s) and to the best of my knowledge the family is:

- Eligible for PSP services
- Not Eligible for PSP services

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

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

### STEP 3 - Placement

Child is placed in \_\_\_\_\_ at \_\_\_\_\_  
PSP Grantee Site Name Date

#### Transfer Information Section:

Child is placed in \_\_\_\_\_ at \_\_\_\_\_  
PSP Grantee/Site Name Location Date

Child is placed in \_\_\_\_\_ at \_\_\_\_\_  
PSP Grantee/Site Name Location Date



# Preschool Promise Address Supplemental Form

## Address Parent Statement

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Child Name: \_\_\_\_\_

I am unable to provide documentation of my family's address. I declare that my living address is in Oregon at the following address:

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## Legal Parent / Guardian Signature

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I certify that the information given above is a true statement (legal parent/guardian signature and date required)

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# Preschool Promise

## Child's Date of Birth Supplemental Form

### Child's Date of Birth Parent Statement

Child Name: \_\_\_\_\_

I am unable to provide documentation of my child's date of birth. I declare that my child's date of birth is:

Child's Date of Birth (MM/DD/YYYY): \_\_\_\_\_

### Legal Parent / Guardian Signature

I certify that the information given above is a true statement (legal parent/guardian signature and date required)

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

