



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

- ☐ American Indian
☐ Alaska Native
☐ Canadian Inuit, Metis, or First Nation
☐ Indigenous Mexican, Central American, or South American

Native Hawaiian or Pacific Islander

- ☐ Guamanian or Chamorro
☐ Micronesian
☐ Native Hawaiian
☐ Samoan
☐ Tongan
☐ Other Pacific Islander

Middle Eastern/Northern African

- ☐ Northern African
☐ Middle Eastern

Asian

- ☐ Asian Indian
☐ Chinese
☐ Filipino/a
☐ Hmong
☐ Japanese
☐ Korean
☐ Laotian
☐ South Asian
☐ Vietnamese
☐ Other Asian

Hispanic or Latino/a

- ☐ Hispanic or Latino/a Central American
☐ Hispanic or Latino/a Mexican
☐ Hispanic or Latino/a South American
☐ Other Hispanic or Latino/a

Black or African American

- ☐ African American
☐ African (Black)
☐ Caribbean (Black)
☐ Other Black

White

- ☐ Eastern European
☐ Slavic
☐ Western European
☐ White/Caucasian
☐ Other White

Other Categories

- ☐ Other (Please list)
☐ Don't know/Unknown
☐ Decline/Don't want to answer

Do you consider your family to be homeless (see page 4)? ☐ Yes ☐ No

Does your family have an Individual Family Service Plan (IFSP) to support your child's development? ☐ Yes ☐ No

Does your child have any other health, nutrition, behavioral or mental health concern that requires specialized supports? ☐ Yes ☐ No

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

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

If yes, list the name of the program: _____

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 74% ☐ 75 to 99% ☐ 100%

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 ☐ Other: _____

Parent/Guardian 1 Language:

In what language do you prefer to receive . . .

Written Communication: ☐ English ☐ Spanish ☐ Russian ☐ Vietnamese ☐ Chinese ☐ Other: _____

Verbal Communication: ☐ English ☐ Spanish ☐ Russian ☐ Vietnamese ☐ Chinese ☐ Other: _____

Parent/Guardian 1 Employment Status:

Check all that apply: ☐ Employed PT/FT ☐ Student ☐ Unemployed ☐ Business Owner ☐ Other: _____

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 74% ☐ 75 to 99% ☐ 100%

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 ☐ Other: _____

Parent/Guardian 2 Language:

In what language do you prefer to receive . . .

Written Communication: ☐ English ☐ Spanish ☐ Russian ☐ Vietnamese ☐ Chinese ☐ Other: _____

Verbal Communication: ☐ English ☐ Spanish ☐ Russian ☐ Vietnamese ☐ Chinese ☐ Other: _____

Parent/Guardian 2 Employment Status:

Check all that apply: ☐ Employed PT/FT ☐ Student ☐ Unemployed ☐ Business Owner ☐ Other: _____

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 Education and its Early Learning Division 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 Preschool Promise is a state funded program and preschool services provided under the Preschool Promise program may end if funds are no longer available.

I understand and agree that the information on this form and any tests or reports describing my child's educational progress in the Preschool Promise Program may be shared with entities and individuals involved in the Preschool Promise Program, including preschool providers, Enrollment Committees, Early Learning Hubs, Education Service Districts and the Oregon Department of Education and its Early Learning Division, for the purpose of administering and evaluating the Preschool Promise Program.

Submission of this eligibility form is not a guarantee of admission into the Preschool Promise program.

Parent/Guardian Signature and Date Required.

Print Name

Signature

Date

Hub Name: _____

STEP 1 – Complete the following information:

in Family: _____ Annual Income: _____

Age* of the child: _____

Family Income is:

- ☐ At or Below 100% FPL ☐ TANF, SNAP, OHP (Adult) recipient
☐ 101 – 130% FPL ☐ FAR waiver for over income
☐ 131-200% FPL

Is the Family Income Eligible? ☐ Yes ☐ No

Documents presented for income verification:

**** Check all that apply**

- ☐ Child Support Statements
- ☐ Foster child documentation
- ☐ Income Tax Form 1040 or 1040A
- ☐ TANF, SNAP, OHP benefits letter
- ☐ Paystubs (3 most recent concurrent)
- ☐ SSI letter
- ☐ Unemployment Statements
- ☐ W2
- ☐ Family Income Statement
- ☐ other _____

****Keep copies of all documentation presented/used to determine eligibility**

Is the child age eligible? ☐ Yes ☐ No

Documents presented for age eligibility:

- ☐ Copy of birth certificate;
- ☐ Copy of hospital record;
- ☐ Copy of child's immunization record;
- ☐ Health insurance documentation;
- ☐ Foster care placement letter;
- ☐ Legal document that shows child's date of birth; or
- ☐ Preschool Promise Date of Birth Supplemental Form

*Child must be 3 or 4 by September 1 of upcoming school year.

Family resides in Oregon? ☐ Yes ☐ No

Documents presented for living in Oregon verification:

- ☐ Current utility/service bill (electric, gas, water/sewer and waste);
 - ☐ Lease or rental agreement; or
 - ☐ Identification card or Oregon driver's license;
 - ☐ Paystub or W-2;
 - ☐ Benefits letter (Social Security, TANF, SNAP, OHP letter, etc.);
 - ☐ Foster care placement letter;
 - ☐ Secure address through Address Confidentiality Program; or
 - ☐ Preschool Promise Address Supplemental Form
- (Homeless families not required to submit Oregon address documentation.)

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 Preschool Promise services
- ☐ Not Eligible for Preschool Promise services

Staff Print Name

Staff Signature

Date

STEP 3 – Placement

Child is placed in _____ at _____, _____
PSP Grantee Site Name Date

In the event of a transfer:

Child is placed in _____ at _____, _____
PSP Grantee Site Name Date

Child is placed in _____ at _____, _____
PSP Grantee Site Name Date

Homeless – a child may be considered homeless if the family meets one of the criteria of the McKinney-Vento Definition of "Homeless" - Subtitle B of Title VII of the McKinney-Vento Homeless Assistance Act (Title X, Part C, of the No Child Left Behind Act) defines "homeless" as follows:

Individuals who lack a **fixed** (stationary/permanent), **regular** (used nightly), and **adequate nighttime residence** (sufficient to meet physical and psychological needs typically met in home environments). **Child or family must be:** **(1)** sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; **(2)** living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; **(3)** living in emergency or transitional shelters; **(4)** abandoned in hospitals; **(5)** awaiting foster care placement; **(6)** staying in a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings; **(7)** living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and **(8)** migratory children who are living in circumstances described above.

FOR STAFF USE ONLY		
Date	Staff	Notes (contact, referrals made, results of screening and enrollment process, etc.)