# Head Start/ECEAP/Early Head Start

***Our mission is to transform the future***
***by making a difference in the lives of children and families.***

All families are welcome and encouraged to apply.

Our programs offer the following services to qualified families:

- Education
- Nutritious meals
- Health Screenings
- Family Support Services
- Parent education and involvement
- Support for children with disabilities
- Free Preschool services
  (some fees may apply for full-day services)

Who is eligible?

- Early Head Start serves families of pregnant women, infants and toddlers up to the age of 36 months
- Head Start and ECEAP serve families of 3- to 5-year olds
- Families living on a limited income based on the federal poverty guidelines
- Children in foster care
- Families who are homeless
- Families who are receiving SSI or TANF may be eligible
- Children with diagnosed disabilities

***While transportation is not provided by Head Start/EHS, Head Start/EHS assists parents in finding alternate solutions. Transportation is provided at some ECEAP locations.***

If you have questions or need assistance with the application, call 533-4800.
For deaf or hearing impaired, contact Washington Relay Service TTY/V 1-800-833-6384.

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www.ccs.spokane.edu/head-start
www.facebook.com/Spokane.HS.ECEAP.EHS

Community Colleges of Spokane

***Your involvement is an important part of your child's success!***

Early Childhood Education & Assistance Program
Washington State Department of Early Learning

**Head Start and Early Head Start**

Washington State Department of Early Learning

Community Colleges of Spokane does not discriminate on the basis of race, color, national origin, sex, disability, sexual orientation or age in its programs, activities or employment. For TTY service, call 279-6092. Marketing and ZPublic Relations, date.

| | Center | Address | Phone | Infants (0 -12 mos.) | Toddler (1-3 yrs.) | Preschool | Child Care | Transportation |
|---|---|---|---|---|---|---|---|---|
| **Head Start/Early Head Start** | **Adult Education Center** | 2310 North Monroe St<br>Spokane, WA 99205 | 533-4650 | X | X | X | | |
| | **East Central Community Center** | 605 South Lee St<br>Spokane, WA 99202 | 279-6316 | X | X | X | | |
| | **Holmes School** | 2600 West Sharp<br>Spokane, WA 99201 | 354-2994 | | | X | | |
| | **Northeast Child Development Center** | 4001 N Cook St<br>Spokane, WA 99207 | 279-6351 | X | X | X | X | |
| | **SCC Bigfoot Child Care Center** | 1810 N Greene St, Bldg. 20<br>Spokane, WA 99217 | 533-7170 | | X | X | X | |
| | **SFCC Early Learning Center** | 3410 West Fort George Wright Dr., Bldg. 16<br>Spokane, WA 99224 | 533-3624 | X | X | X | X | |
| | **West Boone Center** | 2427 West Boone Ave<br>Spokane, WA 99205 | 279-6901 | X | X | | X | |
| | **West Central Community Center** | 1603 N Belt<br>Spokane, WA 99205 | 279-6340 | | X | X | X | |
| | **Woodridge School** | 5100 W Shawnee Ave<br>Spokane, WA 99208 | 354-4593 | | | X | | |
| **ECEAP**<br>Early Childhood Education and Assistance Program | **Deer Park School District** | 1500 East "D" St, PO Box 190<br>Deer Park, WA 99006 | 464-5680<br>464-5681 | | | X | | X |
| | **East Valley School District**<br>• East Farms Elementary<br>• Otis Orchards Elementary<br>• Trent Elementary<br>• Trentwood Elementary | 26203 E Rowan, Newman Lake WA 99025<br>22000 E Wellesley Ave, Spokane Valley WA 99027<br>3303 N Pines Rd, Spokane Valley WA 99206<br>14701 E Wellesley Ave, Spokane Valley Wa 99216 | 927-3220<br>924-9823<br>893-4123<br>241-5689 | | | X | | X |
| | **Liberty Park Child Development Center** | 1417 East Hartson<br>Spokane, WA 99202 | 534-0957 | | | X | | |
| | **Martin Luther King Jr. Center** | 845 South Sherman St<br>Spokane, WA 99202 | 455-8722<br>Ext 201 | | | X | | |
| | **Riverside School District**<br>Chattaroy Elementary<br>Riverside Elementary | 25717 North Yale Rd, Chattaroy, WA 99003<br>3802 E Deer Park Milan Rd, Chattaroy, WA 99003 | 464-8270 | | | X<br>X | | X<br>X |
| | **Salish School of Spokane** | 4117 N Maple St<br>Spokane, WA 99205 | 325-2018 | | | | X | |
| | **Southwest Community Center** | 310 S Spruce St.<br>Spokane, WA 99201 | 385-4896 | | | X | | |
| | **Spokane Child Development Center** | 3120 N Industrial Park 1st Street<br>Spokane Valley, 99216 | 924-2850 | | | X | X | |
| | **Spokane Public Schools:**<br>• Lincoln Heights Elementary<br>• Roosevelt Elementary<br>• Stevens Elementary | 3322 East 22nd Ave, Spokane WA 99223<br>333 West 14th Ave, Spokane WA 99203<br>1717 East Sinto Ave, Spokane WA 99202 | 354-3336<br>354-3336<br>354-4180 | | | X | | |
| | **West Valley School District**<br>Millwood Early Childhood Ed. Ctr. | 8818 East Grace Ave<br>Spokane, WA 99212 | 922-5478 | | | X | | X |
| | **YMCA/EWU Children's Center** | 923 Washington<br>Cheney, WA 99004 | 359-2024 | | | X | X | |
| | **YWCA of Spokane**<br>• YWCA Central<br>• YWCA West Plains<br>• Windsor Elementary (Cheney)<br>• Medical Lake | 930 North Monroe St Spokane, WA 99201<br>13120 West 13th Airway Heights, WA 99001<br>5504 W Hallett Rd, Spokane, WA 99224<br>111 N Lefevre St, Medical Lake, WA 99022 | 789-9271<br>244-4833<br>559-4250<br>290-7184 | | | X<br>X<br><br>X | X | |

**Head Start/ EHS/ECEAP Income Guidelines 2016-17**

| Family Size | Head Start/EHS Eligible 100% Poverty Level | Head Start/ EHS 130% Poverty Level | ECEAP Eligible 110 % Poverty Level |
|---|---|---|---|
| 1 | $11,880 | $15,444 | $13,068 |
| 2 | $16,020 | $20,826 | $17,622 |
| 3 | $20,160 | $26,208 | $22,176 |
| 4 | $24,300 | $31,590 | $26,730 |
| 5 | $28,440 | $36,972 | $31,284 |
| 6 | $32,580 | $42,354 | $35,838 |
| 7 | $36,730 | $47,749 | $40,403 |
| 8 | $40,890 | $53,157 | $44,979 |
| For each additional person add | $4,160 | $5,408 | $4,576 |

Community Colleges of Spokane

# Spokane County Head Start/ECEAP/EHS APPLICATION

RECEIVED _____

ENTERED _____

## Child Information

**Child's Name** | **Date of Birth**

**Preferred Name** | ☐ **Male** ☐ **Female**

**Child's Race(s)** Check ALL That Apply:

☐ American Indian/Alaskan Native ☐ Asian ☐ Black/African American ☐ Caucasian/White

☐ Hawaiian/Pacific Islander ☐ Other (Specify) _____

**Is this child Hispanic?** ☐ No ☐ Yes | **What language(s) does your child speak?**

**Address** | **City** | **Zip**

**County** | **School District**

## Parent/Guardian Information

| PARENT/GUARDIAN 1 | PARENT/GUARDIAN 2 |
|---|---|
| ☐ **Mother** ☐ **Father** ☐ **Other:**_____ **Name:** | ☐ **Mother** ☐ **Father** ☐ **Other:**_____ **Name:** |
| **Address** if different than child: | **Address** if different than child: |
| **Home Phone:** | **Home Phone:** |
| **Cell Phone:** | **Cell Phone:** |
| **Work/Message Phone:** | **Work/Message Phone:** |
| **E-Mail Address:** | **E-Mail Address:** |
| **Date of birth:** | **Date of birth:** |
| **Language(s) spoken:** | **Language(s) spoken:** |
| **Does this adult require an interpreter to access services?** ☐ Yes ☐ No | **Does this adult require an interpreter to access services?** ☐ Yes ☐ No |
| **Educational Level**<br>Highest Grade Completed _____<br>☐ HS Grad/GED ☐ Associate's Degree<br>☐ Bachelor's Degree ☐ Master's Degree | **Educational Level**<br>Highest Grade Completed _____<br>☐ HS Grad/GED ☐ Associate's Degree<br>☐ Bachelor's Degree ☐ Master's Degree |
| **Hispanic** ☐ Yes ☐ No<br>Race (check all that apply):<br>☐ American Indian / Alaskan Native ☐ Asian<br>☐ Black / African American ☐ Caucasian / White<br>☐ Hawaiian / Pacific Islander<br>☐ Other (Specify) _____ | **Hispanic** ☐ Yes ☐ No<br>Race (check all that apply):<br>☐ American Indian / Alaskan Native ☐ Asian<br>☐ Black / African American ☐ Caucasian / White<br>☐ Hawaiian / Pacific Islander<br>☐ Other (Specify) _____ |
| **PARENT/GUARDIAN 1** | **PARENT/GUARDIAN 2** |
| **Are you currently working?**<br>☐ Yes ☐ No<br>☐ Working Full Time ☐ Disabled<br>☐ Working Part Time ☐ Unemployed<br>☐ Seasonal Worker ☐ Retired | **Are you currently working?**<br>☐ Yes ☐ No<br>☐ Working Full Time ☐ Disabled<br>☐ Working Part Time ☐ Unemployed<br>☐ Seasonal Worker ☐ Retired |
| **Are you currently in school?**<br>☐ No ☐ Yes, where _____<br>☐ Full time ☐ Part time<br>Which school are you planning to attend?<br>_____<br>Are you in Adult Basic Education or ESL classes? ☐ No ☐ Yes | **Are you currently in school?**<br>☐ No ☐ Yes, where _____<br>☐ Full time ☐ Part time<br>Which school are you planning to attend?<br>_____<br>Are you in Adult Basic Education or ESL classes? ☐ No ☐ Yes |

**Eligibility Information**

**Child lives with:** ☐ 1 Parent/Guardian 2 Parents/Guardians: ☐ in one household ☐ in two households
Name of person(s) child lives with_____

**Number of people in family:**

| **Siblings age 5 or under:** | | |
|---|---|---|
| Name: | Name: | Name: |
| Date of Birth: | Date of Birth: | Date of Birth: |

**REQUIRED Annual Income for the last 12 months or last calendar year**
**(gross income from IRS Tax Form):**

Prior to enrollment proof of your family's income for the last calendar year or the last 12 months must be supplied; can be copies of W-2s, income tax return, TANF benefits, unemployment summary, child support, social security, SSI, pay stubs.

| | | |
|---|---|---|
| Is anyone in your family receiving SSI (Supplemental Security Income)? | ☐ No | ☐ Yes |
| Is this child a foster child? | ☐ No | ☐ Yes |
| Are you receiving a TANF grant? | ☐ No | ☐ Yes |
| Are you currently receiving Working Connections Child Care Subsidy? | ☐ No | ☐ Yes |
| Does your child have a diagnosed disability (IFSP, IEP) | ☐ No | ☐ Yes |
| Is your family currently staying in a car, park, campground, hotel, emergency shelter, transitional housing or living with another family temporarily? | ☐ No | ☐ Yes |

**Additional Information**

**How did you hear about Head Start/ECEAP?** ☐ Website ☐ Word of mouth ☐ Case Worker
☐ Community Agency ☐ Head Start/ECEAP Employee ☐ Flyer or poster ☐ Community Event
☐ Other _____

**If you were referred, please list the agency.** _____

**Please check any of the following that apply to your family.**

| | | | |
|---|---|---|---|
| ☐ Sibling enrolled in program | ☐ Homeless in last 12 months | ☐ Single Parent | ☐ Mental Health Issues |
| ☐ Family Violence | ☐ Parental Disability | ☐ CPS Involved | ☐ Health Issues |
| ☐ Drug/Alcohol Issues | ☐ English Language Learner | ☐ Incarcerated Parent | ☐ Currently Pregnant |

## HEAD START/ECEAP/EARLY HEAD START SITE INFORMATION

**Time Preference:**
☐ **Morning** ☐ **Afternoon** ☐ **Full Day** (There may be a fee for full-day services. Full day services are not available at all sites.)

**Where would you like to enroll you child?** (Please see the cover sheet for a complete listing of sites and program options.)

☐ **Head Start/Early Head Start Site:**
1st Choice _____ 2nd Choice _____
☐ **ECEAP Site:**
1st Choice _____ 2nd Choice _____

☐ I am interested in the Early Head Start Home Visitor Program (prenatal – 3 years)

**Please return or mail your application to a Head Start/ECEAP/Early Head Start site you wish to attend. Mailing addresses are listed on the cover sheet. During the summer months please call our administrative office at 533-4800, or mail it to:**

**3939 N Freya St,**
**Spokane, WA 99217**

*I hereby affirm that all the above-stated information provided by me is true and correct to the best of my knowledge.*

Parent's or legal guardian's signature _____ Date _____

**Non-Discrimination Policy**

It is the policy of Spokane County Head Start/ECEAP/EHS that no person shall be subjected to discrimination because of race, color, national origin, sex, sexual orientation, age, religion, creed, marital status, disabled or Vietnam Era Veteran status, or the presence of any physical, mental or sensory handicap. Any person who believes he or she has been discriminated against in any USDA-related activity should write immediately to the Secretary of Agriculture, Washington DC, 20250.