Contractors must verify ECEAP eligibility before initial enrollment, including parent or guardian’s legal authority to enroll, child’s age, family size and family income.

*Exception: ECEAP staff have up to 90 calendar days to verify eligibility under certain circumstances when documentation is not immediately available such as: homelessness, natural disasters, fire, domestic violence. In some cases, Kinship caregivers who do not have access to documents may fall in this exception.*

**ECEAP staff who viewed documents:**       **Date:**

**Child’s name:**       **Birth date:**

* This child will not be enrolled in Head Start at the same time *(Dual enrollment is not allowed).*

Child must be 3 or 4 years of age as of August 31st of the school year. Other allowed early entry children can enroll after their third birthday.

**ECEAP staff verified the child’s birth date**

* Homeless – Using 90-day grace period to locate documents

ECEAP staff verified child’s birth date by viewing:

* Adoption papers
* Birth certificate
* Child Profile
* Court documents
* Foster care authorization letter
* Government document with birth date
* IEP (Individualized Education Program)
* Immunization record (CIS or online Child Profile)
* Medical card or records
* Medical record of birth
* Passport or Visa
* Paternity affidavit
* Permanent Resident Card (Green Card)
* Refugee agency document with birth date
* School records
* Other

**ECEAP staff verified legal guardianship/authority to enroll child**

* Homeless – Using 90-day grace period to locate documents

ECEAP staff verified legal guardianship/authority to enroll child by viewing:

* Adoption papers
* Benefits letter showing guardian receives benefit on behalf of the child (TANF, food stamps, etc.)
* Birth certificate
* Court order
* Foster care record
* Government documents
* Guardian’s income tax return listing child (1040)
* In loco parentis
* Insurance documents stating the relationship
* Legal will, describing the relationship
* Letter from social worker, school personnel, lawyer, religious leader, or mental health professional
* Non-Parental Custody Decree
* Passport or Visa
* Records from DSHS that show guardian as contact for the child
* Records from school, hospital, clinic, other public health, or social service agency
* Refugee agency document
* Written agreement signed and dated by parent and person assuming custodial responsibility

**ECEAP staff verified family size**

* Homeless – Using 90-day grace period to locate documents

ECEAP staff verified family size by viewing:

* Benefits letter (TANF, SSI, etc.)
* Court or legal document
* Foster care grant
* Government document
* Rental/Housing document
* Provider One website
* School records
* Tax records from previous year (1040)
* Written statement from parent or signed application, as last resort
* Other

**ECEAP staff verified immunization status**

ECEAP staff viewed a signed Certificate of Immunization Status (CIS) form or the Washington State Immunization Information System (IIS), formerly known as the Child Profile Immunization Registry.

* Complete - CIS or IIS shows child has all required vaccinations for their age or shows proof of immunity.
* Exempt - Signed Certificate of Exemption or IIS certifies the child is exempt for one or more vaccines for religious, personal, philosophical, or medical reasons.
* Conditional - CIS or IIS shows child is making satisfactory progress toward full immunization by starting or continuing a schedule of immunizations and is within the recommended interval for the next dose
* Out of Compliance - no signed CIS and no IIS data.
* Out of Compliance - child is not complete/immune, not exempt, or not in conditional status.
* Child's CIS or IIS is not yet evaluated.

**ECEAP staff verified income**

ECEAP staff verified income by viewing:

|  |  |
| --- | --- |
| * Foster care or kinship care

*( family size of 1)** + Case number
	+ Monthly grant
 | * Adoption after foster care or kinship care (family size of 1)
	+ Adoption Support Payment
 |

*If one of the grants above is checked, skip other income verification and sign on bottom of the last page.*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of person(s) receiving income** | **Document Verified** | **Weekly amount** | **# of weeks received** | **Monthly amount** | **# of months received** | **Annual Amount** | **Verified √** |
|  | W-2 |  |  |  |  | **$** |  |
|  | W-2 |  |  |  |  | **$** |  |
|  | Tax Return (1040) or IRS transcript |  |  |  |  | **$** |  |
|  | Tax Return (1040) or IRS transcript |  |  |  |  | **$** |  |
|  | Pay stubs for 12 months |  |  |  |  | **$** |  |
|  | Pay stubs for 12 months |  |  |  |  | **$** |  |
|  | Child support received, if required by legal order |  |  |  |  |  |  |
|  | Disability income, including SSI |  |  | **$** |  | **$** |  |
|  | Military Leave & Earnings Statement (LES). Count all pay and allowances except BAH, BAS, FSH, and HFP/IDP. |  |  |  |  | **$** |  |
|  | Self-employment net income |  |  | **$** |  | **$** |  |
|  | Social security or other retirement income |  |  | **$** |  | **$** |  |
|  | State or Tribal TANF grant |  |  |  |  |  |  |
|  | Unemployment  | **$** |  |  |  |  |  |
|  | Worker’s Compensation (L&I) | **$** |  |  |  | **$** |  |
|  | Tribal Income (taxable) |  |  |  |  | **$** |  |
|  | Other income not above |  |  | **$** |  | **$** |  |
|  | Other income not above |  |  | **$** |  | **$** |  |
|  |  |  |  |  |  | **$** | **Subtotal** |
| **Subtract** | Child support paid to another household, per legal order |  |  | **$** |  | **-$** |  |
|  |  |  |  |  |  | **$** | **TOTAL** |

**Signature of ECEAP Staff Person**

I certify that the information on this form is true and correct. I viewed the documents as recorded above.

*Print Name*

 *Signature*       *Date*