

2022-2023 PRESCHOOL PROMISE FULL APPLICATION

Child Information

First Name:	_Middle Name:_			La	st Name:	
Date of Birth:	Gender:	□ Male	□ Female	□ x		
What is your child's primary language?	English	🗆 Spanish	Russian	□ Vietnam	ese 🛛 Chinese	
	□ Other:					
What language(s) do you speak at home?	English	Spanish	Russian	Vietnam	ese 🛛 Chinese	
	Other:					
Child's Race and Ethnicity:						
American Indian or Alaska Native	Asian			Bla	ck or African American	
American Indian	🛛 Asian In	Asian Indian			African American	
Alaska Native	Chinese				African (Black)	
Canadian Inuit, Metis, or First Nation	🛛 Filipino/	'a			Caribbean (Black)	
Indigenous Mexican, Central American,	🛛 Hmong				Other Black	
or South American	I Japanes	e		14/1-	14 -	
Native Heureiten er Destfielden den	🛛 Korean			Wh		
Native Hawaiian or Pacific Islander Guamanian or Chamorro	🛛 Laotian				Eastern European Slavic	
	South A					
Native Hawaiian	Vietnam				Western European White/Caucasian	
Samoan	Other A	sian			Other White	
□ Tongan	Hispanic or	Latino/a			other white	
Other Pacific Islander			Central America	n <u>Otł</u>	ner Categories	
		c or Latino/a			Other (Please list)	
Middle Eastern/Northern African	•		South Americar		Don't know/Unknown	
Northern African		ispanic or Lat			Decline/Don't want to answer	
☐Middle Eastern		•				
What is your household size?						
Do you consider your family to be homeless (se	eepage 4)?	Yes 🗆 No	C			
Does your family have an Individual Family Serv	vice Plan (IFSP) to	support you	ır child's develo	opment? [Yes 🛛 No	
Does your child have any other health, nutrition	n, behavioral or n	nental health	concern that	requires spec	ialized supports? □ Yes □ No	
If yes, list any health partners, ECSE specialist, o	or other provider	s you would	like us to know	/ about:		
Is your child currently enrolled in a child care/p	reschool progran	n? 🛛 Yes	🗆 No			
If yes, list the name of the program:						
Legal Parent/Guardian 1 Information	1					
First Name:	_Middle Name:_			Last	Name:	
Relationship to child:	Guardian 🛛 F	oster Parent	D Other:			
Child lives with Parent/Guardian what percenta	age of time: 🛛	0% 🗆 1	Lto 25% 🛛	26 to 50%	□ 51 to 74% □ 75 to 99% □ 10	00%
Legal Parent/Guardian 1 Contact Information:						
Primary Phone:Secon	dary Phone:		Ema	il:		
Mailing Address:			City:		Zip Code:	
Physical Address (if different):			City:		Zip Code:	

2022-2023 Preschool Promise	e Full Application				
How do you prefer to be con	acted? Primary Phone Secondary	Phone 🛛 Email 🗖 Other:			
Legal Parent/Guardian 1 Lang	uage:				
In what language do you pref	er to receive				
Written Communication:	🗆 English 🗆 Spanish 🗆 Russian 🗖	Vietnamese 🗆 Chinese 🛛 Oth	ner:		
Verbal Communication:	🗆 English 🗆 Spanish 🗆 Russian 🗆	Vietnamese 🛛 Chinese 🔲 Otl	ner:		
Legal Parent/Guardian 1 Emp	loyment Status:				
Check all that apply: 🛛 Em	ployed PT/FT 🛛 Student 🛛 Unemploy	ed 🛛 Business Owner 🔲 Oth	ner:		
Legal Parent/Guardian	2 Information				
First Name:	Middle Name:	Last Name	2:		
Relationship to child: D	arent 🛛 Legal Guardian 🔲 Foster Pare	nt 🛛 Other:			
Child lives with Parent/Guard	lian what percentage of time: 🛛 0 % 🛛	1 to 25% 🛛 26 to 50% 🔲 5	i1 to 74% 🛛 75 to 99% 🔲 100%		
Legal Parent/Guardian 2 Cor	tact Information:				
Primary Phone:	Secondary Phone:	Email:			
Mailing Address:		City:	Zip Code:		
Physical Address (if differen	t):	City:	Zip Code:		
How do you prefer to be con	tacted? 🛛 Primary Phone 🔲 Secondar	ry Phone 🛛 Email 🗆 Other:			
Legal Parent/Guardian 2 Lan	guage:				
In what language do you pre	fer to receive				
Written Communication:	□ English □ Spanish □ Russian □] Vietnamese 🗆 Chinese 🛛 Ot	her:		
Verbal Communication:	□ English □ Spanish □ Russian □] Vietnamese 🗆 Chinese 🔲 Ot	her:		
Legal Parent/Guardian 2 Em	ployment Status:				
Check all that apply:	nployed PT/FT 🛛 Student 🗆 Unemploy	ved 🛛 Business Owner 🔲 Ot	her:		
	ROCEED TO PAGE 3 TO SIGN PARI				
	CERTIFICATION OF ELIGIBILITY - FC	OR ENROLLMENT STAFF USE OI	NLY		
Hub Name:					
STEP 1 – Complete the fol	lowing information:	Age* of the child:			
# in Family:	Annual Income:	Is the child age eligible? I Documents presented for ag	∃Yes □No		
Family Income is:		□ Copy of birth certificate;	ce engionity.		
At or Below 100% FPL	TANF, SNAP, OHP (Adult) recipient	Copy of hospital record;			
□ 101 – 130% FPL □ 131-200% FPL	□ FAR waiver for overincome	Copy of child's immunization	tion record;		
Is the Family Income Eligible?	□ Yes □ No	Health insurance docume			
,		 Foster care placement le Legal document that sho 			
Documents presented for incom Check all that apply	e verification: **	Preschool Promise Date			
□ Child Support Statements		*Child must be 3 or 4 by Sep	otember 1 of upcoming school year. Family		
□ Foster child documentation		resides in Oregon? Yes No			
□ Income Tax Form 1040 or 104		Documents presented for liv			
TANF, SNAP, OHP benefits letter Current utility/service bill (electric, gas, water/sewer Paystubs (3 most recent concurrent) Lease or rental agreement; or					
SSI letter		 Lease of rental agreement; or Identification card or Oregon driver's license; 			

- SSI letter
- Unemployment Statements
- □ W2
- □ Family Income Statement
- □ Other

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

□ Foster care placement letter;

□ Benefits letter (Social Security, TANF, SNAP, OHP letter, etc.);

□ Secure address through Address Confidentiality Program; or

(Homeless families not required to submit Oregon address documentation.)

 $\hfill\square$ Preschool Promise Address Supplemental Form

□ Paystub or W-2;

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	atat	,
PSP Grantee	Site Name	Date
In the event of a transfer:		
Child is placed in	atatatatat	
PSP Grantee	Site Name	Date
Child is placed in	atat	,
PSP Grantee	Site Name	Date

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 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, 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 Preschool Promise Program may be shared with entities involved in the delivery of Preschool Promise services and supports to my child, including but not limited to 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. Legal Parent/Guardian Signature and Date Required.

Print Name

Signature

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.)		