**Verification of ECEAP Eligibility**

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  | [ ]  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