**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