Contractors must verify ECLIPSE eligibility before ECLIPSE enrollment, including parent or guardian’s legal authority to enroll.

**ECLIPSE staff completing the form:**       **Date:**

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

**1st Prioritization Factors of ECLIPSE Children** (Per proviso and redesign)

[ ]  ECEAP Enrolled Child

[ ]  Child is in a SD/WD or B-3 ECEAP Slot

[ ]  Child referred by Child Welfare or Indian

[ ]  Child Welfare

[ ]  Child Welfare or Indian Child Welfare family involvement

[ ]  Child is in out of home placement

[ ]  Family Receiving WISe Services

[ ]  ECEAP Priority Points above 400

[ ]  Social Emotional screening indicates intervention is needed

[ ]  Child has a diagnosis

**2nd Prioritization Factors of ECLIPSE children** (Based on RDA Study)

[ ]  Child has neonatal risk factors

[ ]  Caregiver in a residential facility

[ ]  Child was expelled previously

[ ]  Child has an IEP/IFSP

[ ]  Caregiver has criminal justice involvement

[ ]  Previous ESIT Services

[ ]  Caregiver has a mental health diagnosis

[ ]  Caregiver has a disability (learning, physical)

[ ]  Family has experienced domestic violence

[ ]  Family is homeless or was homeless in the last 12 months

[ ]  Child has a suspected delay or diagnosis

[ ]  Family has a Child Welfare Safety Plan

**3rd Prioritization factors to consider** (Environmental/Familial)

[ ]  Undocumented family

[ ]  Family has faced historical trauma

[ ]  Family is faced with systemic racism

[ ]  Child has an Alternative Attendance plan due to behavior

[ ]  Child has a Child Focus Response Plan due to behavior

[ ]  Child will be enrolled in ECEAP within the next 6 months

**Non ECEAP child eligibility**

This child will not be enrolled in Head Start or other early learning program at the same time without prior approval. Approval form found on Basecamp.

[ ]  If given ECEAP priority points it would be above 400

[ ]  Prior Approval Requested – Date:

[ ]  Prior Approval Approved – Date:

[ ]  Once approved, [Child Demographics Form](https://app.smartsheet.com/b/form/8b7f9f1bd19946f5a6275ba010c456f8) Completed – Date: