|  |  |  |
| --- | --- | --- |
| Staff filling out the form: | Contractor: | Site child is located at: |
| Will this child transition to ECEAP?  Yes  No  If so, when? | Date of Birth: | Is this child currently involved with Child Welfare?  Yes  No |
| If not, why not? |  | Is there a current Child Welfare Safety Plan?  Yes  No  Unsure |
| Child’s Funding source: | Who Referred the Child? | Is there currently ECLIPSE services being delivered at this site:  Yes  No |

**Non ECEAP Child Request for ECLIPSE Enrollment**

Has the child been observed by an IECMH consultant? (*required)*  Yes  No

If so, what did the consultant do to support? Ideas, suggestions, environment/schedule changes, training?

What behaviors/stress responses have been observed in the classroom?

What behaviors/stress responses have been observed at home?

Has this child been screened?  Yes  No

If so, what screening tool was used and what was the outcome?

If this were an ECEAP enrollment what would the [priority points](https://dcyf.wa.gov/sites/default/files/pdf/eceap/2023-2024ECEAPPriorityPoints.pdf) be?

Special needs? (*IEP/IFSP, health conditions)*

What has been provided so far?

Is there a written/formal plan to support the child/family/staff? If so, how long has the plan been in place? What does the plan entail?

How will ECLIPSE services benefit the child?

How will ECLIPSE services benefit the family?

**Head Start children only:**

What services has the family received from Head Start?

Why can services not be provided by Head Start?

|  |
| --- |
| Approved:  YES  NO |
| Notes: |

|  |  |
| --- | --- |
| ECLISPE Manager Approval: | Date |
| Approval sent to: | Date |

For approval to enroll a Non ECEAP child please complete this form and submit it to the ECEAP inbox at [dcyf.eceap@eceap.wa.gov](mailto:dcyf.eceap@eceap.wa.gov). Allow 7-10 working days for response. If additional information is needed, you will be contacted by someone from the ECLIPSE team.