



Child Information

First Name: _____ Middle Name: _____ Last Name: _____

Date of Birth: _____ Gender: Male Female X _____

What is your child's primary language? English Spanish Russian Vietnamese Chinese Other: _____

What language(s) do you speak at home? English Spanish Russian Vietnamese Chinese Other: _____

Child's Race and Ethnicity:

American Indian or Alaska Native

- American Indian
- Alaska Native
- Canadian Inuit, Metis, or First Nation
- Indigenous Mexican, Central American, or South American

Native Hawaiian or Pacific Islander

- Guamanian or Chamorro
- Micronesian
- Native Hawaiian
- Samoan
- Tongan
- Other Pacific Islander

Middle Eastern/Northern African

- Northern African
- Middle Eastern

Asian

- Asian Indian
- Chinese
- Filipino/a
- Hmong
- Japanese
- Korean
- Laotian
- South Asian
- Vietnamese
- Other Asian

Hispanic or Latino/a

- Hispanic or Latino/a Central American
- Hispanic or Latino/a Mexican
- Hispanic or Latino/a South American
- Other Hispanic or Latino/a

Black or African American

- African American
- African (Black)
- Caribbean (Black)
- Other Black

White

- Eastern European
- Slavic
- Western European
- White/Caucasian
- Other White

Other Categories

- Other (Please list)
- Don't know/Unknown
- Decline/Don't want to answer

Is this child currently enrolled in a child care or preschool program? Yes No

If yes, list the name of the program: _____

Is this child in a state approved foster care placement? Yes No

Does this child have an Individual Family Service Plan (IFSP) to support their development? Yes No

Does this child have any other health, nutrition, behavioral or mental health concern that requires specialized supports? Yes No

If yes, list any health partners, ECSE specialist, or other providers you would like us to know about: _____

What is your household size? _____

Based on the definition below, do you consider your family to be homeless? Yes No

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

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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.

Legal Parent/Guardian 1 Information

First Name: _____ Middle Name: _____ Last Name: _____

Relationship to child: Parent Legal Guardian Foster Parent Other: _____

Child lives with Parent/Guardian what percentage of time: 0% 1 to 25% 26 to 50% 51 to 74% 75 to 99% 100%

Legal Parent/Guardian 1 Contact Information:

Primary Phone: _____ Secondary Phone: _____ Email: _____

Mailing Address: _____ City: _____ Zip Code: _____

Physical Address (if different): _____ **City:** _____ **Zip Code:** _____

How do you prefer to be contacted? Primary Phone Secondary Phone Email Other: _____

Legal Parent/Guardian 1 Language:

In what language do you prefer to receive . . .

Written Communication: English Spanish Russian Vietnamese Chinese Other: _____

Verbal Communication: English Spanish Russian Vietnamese Chinese _____

Other: Legal Parent/Guardian 1 Employment Status:

Check all that apply: Employed PT/FT Student Unemployed Business Owner Other: _____

Legal Parent/Guardian 2 Information

First Name: _____ Middle Name: _____ Last Name: _____

Relationship to child: Parent Legal Guardian Foster Parent Other: _____

Child lives with Parent/Guardian what percentage of time: 0% 1 to 25% 26 to 50% 51 to 74% 75 to 99% 100%

Legal Parent/Guardian 2 Contact Information:

Primary Phone: _____ Secondary Phone: _____ Email: _____

Mailing Address: _____ City: _____ Zip Code: _____

Physical Address (if different): _____ **City:** _____ **Zip Code:** _____

How do you prefer to be contacted? Primary Phone Secondary Phone Email Other: _____

Legal Parent/Guardian 2 Language:

In what language do you prefer to receive . . .

Written Communication: English Spanish Russian Vietnamese Chinese Other: _____

Verbal Communication: English Spanish Russian Vietnamese Chinese Other: _____

Legal Parent/Guardian 2 Employment Status:

Check all that apply: Employed PT/FT Student Unemployed Business Owner Other: _____

-----STOP HERE PROCEED TO PAGE 4 TO SIGN PARENT CONSENT AND COMPLETE APPLICATION-----

CERTIFICATION OF ELIGIBILITY - FOR ENROLLMENT STAFF USE ONLY

Hub Name/Name of Organization: _____

Program Year: 2023-24 2024-25

STEP 1 – Complete the following information:

in Family: _____ Annual Income: _____

Family Income is:

- At or Below 100% FPL
- 101 – 130% FPL
- 131-200% FPL
- TANF, SNAP, OHP (Adult) recipient
- FAR waiver for overincome

Is the Family Income Eligible? Yes No

Documents presented for income verification: **

Check all that apply

- Child Support Statements
- Foster child documentation
- Income Tax Form 1040 or 1040A
- TANF, SNAP, OHP benefits letter
- Paystubs (3 most recent concurrent)
- SSI letter
- Unemployment Statements
- W2
- Family Income Statement
- Other

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

Age* of the child:

Is the child age eligible? Yes No

Documents presented for age eligibility:

- Copy of birth certificate;
- Copy of hospital record;
- Copy of pediatrician/doctor's office paperwork;
- Copy of child's immunization record;
- Health insurance documentation;
- Foster care placement letter;
- Legal document that shows child's date of birth; or
- Preschool Promise Date of Birth Supplemental Form

*Child must be 3 or 4 by September 1 of upcoming school year.

Family resides in Oregon? Yes No

Documents presented for living in Oregon verification:

- Current utility/service bill (electric, gas, water/sewer and waste);
- Lease or rental agreement; or
- Identification card or Oregon driver's license;
- Paystub or W-2;
- Benefits letter (Social Security, TANF, SNAP, OHP letter, etc.);
- Foster care placement letter;
- Secure address through Address Confidentiality Program; or
- Preschool Promise Address Supplemental Form

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

