

Foomka Sajilaadda ilmaha ee ECEAP (CEF)

Sannad Dugsiyeedka _____

1. Magaca ilmaha: Hore _____ Xarafka Dhexe ___ Danbe _____
2. Taariikh Dhalasho (bb/mm/ss) _____ Da'da Ogost 31 ee sannad dugsiyeedka: 3 4 Sinji: L Dh
3. Waalid/Wakiil 1 (P1) Magac: Hore _____ Danbe _____
4. Waalid/Wakiil 1 (P2) Magac: Hore _____ Danbe _____
5. Ciiwaanka Wadada _____ Apt # _____ Magaalo _____ Zip _____
6. Cinwaanka Boostada (haddii uu ka duwan yahay): _____ Apt # _____ Magaalo _____ Zip _____
7. Degmo _____ Dego Dugsiyeed (haddii la yaqaan) _____
8. Talefon (_____) _____ Talefon Kale (_____) _____
9. Cinwaanka limaylka _____

Saar X dhammaan sanduuqda hoose ee run ah. "Waalidku" waa qofka wax dhalay, korsaday ama aayo, daryeel ama wakiila ah.

10. Ilmaha hadda wuxu ku jiraa IEP.
11. Qoysku waa dibjir.
12. Ilmuhu wuxu la nool yahay sax dhammaan inta haboon.
 - Waalid Keli ah
 - Laba waalid
 - Ehel (daryeel xigtonimo)
 - Qoys haya daryeelkiisa
13. Ilmaha wuxu ku jira daryeel saacdo ka baxsan ECEAP.
 - Taagerada Working Connections Child Care
 - Taageeri daryeel ilmo oo kale
14. Ilmaha wuxu leeyahay dhakhtar joogto ah ama kilinig haysta Xogta caafimaad.
15. Caymiska caafimaadka ilmaha:
 - Kuubanada caafimaadka
 - Caafimaadka Aasaasiga ah ee Washington
 - Caymiska caafimaadka ee Milatariga
 - Caymis Caafimaad oo Gaara
 - Caymis Caafimaad La'aan
16. Taariikhda baadhitaan caafimaad ee ilmaha ugu danbeeyey (bb/mm/ss) _____
 Taariikhda baadhis caafimaad intuu joogay ECEAP _____
17. Ilmo haysto dhakhtar ilko ama kilinig joogto ah.
18. Caymiska ilkaha ilmaha
 - Kuubanada caafimaadka
 - ABCD (lagama helo dhammaan degmooyinka)
 - Caafimaadka Aasaasiga ah ee Washington (Plus)
 - Caymiska caafimaadka ee Milatariga
 - Caymis Caafimaad oo Gaara
 - Caymis Caafimaad Ilko La'aan
19. Taariikhda baadhitaan caafimaad ilkaha ee ilmaha ugu danbeeyey (bb/mm/ss) _____
 Taariikhda baadhis caafimaad intuu joogay ECEAP _____
20. Heerka tallaalka ilmaha
 - Tallaalku waa u dhan yahay ilmaha
 - Ilmaha waa ka reeban yahay
 - Ilmuhu wuxu wadaa dhamaystirkii tallaalkada
 Taariikh dhamaadka inta uu ku jiro ECEAP _____
21. Jinsiyadda ilmaha iyo qolodiisa
 - Ilmuhu waa Hisbanic/Latino. *Su'aashan waxay la xidhiidhaa jinsiga, aan ahayn midabka. Fadlan calaamadee mid ama ka badan sanduuqyada si aad u muujiso jinsiga ilmaha.*
 - Caddaan
 - Madow ama Maraykan Afrikaan ah
 - Maraykan Hindi ah ama Dhalad Alaskan ah
 - Eeshiyaan
 - Dhalad Hawaiiyaana ama jasaan'irka Baasifiga
 - Jinsiyad kale _____
22. Luqadda koowaad ee guriga:
 - Ingiriisi
 - Isbaanish
 - Af kale _____
 Afka labaad ee guriga laga hadlo _____
23. Macluumaad Waalid *Calamadee dhammaan inta haboon.*

	P1	P2	P1=Waalid1, P2= Waalid 2
<input type="checkbox"/>	<input type="checkbox"/>		Shaqeeya
<input type="checkbox"/>	<input type="checkbox"/>		Dugsi ku jira
<input type="checkbox"/>	<input type="checkbox"/>		Muhaajir/shaqaaale beereed xilli
<input type="checkbox"/>	<input type="checkbox"/>		Xabsi ku jira
<input type="checkbox"/>	<input type="checkbox"/>		Ka yar da'da 20 markuu dhashay ilmuhu
<input type="checkbox"/>	<input type="checkbox"/>		Lerh dhakhtar ama kilinig joogto ah
<input type="checkbox"/>	<input type="checkbox"/>		Haysta caymis caafimaad
<input type="checkbox"/>	<input type="checkbox"/>		Haysta caymiska ilkaha
<input type="checkbox"/>	<input type="checkbox"/>		Dhameeyey faslka 6ad ama ka hooseeya
<input type="checkbox"/>	<input type="checkbox"/>		Dhameeyey faslka 7ad illaa 12 ^{ad}
<input type="checkbox"/>	<input type="checkbox"/>		Dhameeyey diblome dugsi sare ama GED
<input type="checkbox"/>	<input type="checkbox"/>		Dhameeyey xoogaa kulliyad ah
<input type="checkbox"/>	<input type="checkbox"/>		Dhameeyey digrii 2-sanno ah (Associate degree)
<input type="checkbox"/>	<input type="checkbox"/>		Dhameeyey diblomaha hore ee jaamicad ama digrii sare

For staff use only

Notification to EMS data entry staff

New enrollment Return from last year Child exit Transfer/return Child never attended class Health Info Update

Eligibility *If child is eligible, choose 24, 25, 26 or 27. Use ECEAP Performance Standards, section B, for guidance.*

24. Eligible - Returning from the previous school year. *Complete the placement section below and sign.*

25. Eligible - Child is qualified for special education services by their school district. *Income does not impact eligibility.*
For statistical purposes only, enter Family size _____ Annual income \$ _____

26. Income eligible: *Mark a, b, c or d below and fill in all information for that item.*

a. Family is on TANF. Staff verified client ID number and grant amount. Monthly Amount \$ _____ # of people on grant _____

b. Child is in foster care. Staff verified case number and grant amount. Monthly Amount \$ _____ # of children on grant _____

c. Annual family income *Complete this annual income section for all families, unless you checked #24, 25, 26a or 26b above.*

Family size _____ Annual income \$ _____ Percent of FPL _____ %

Type of documentation verified by staff: *Mark all that apply.*

- Tax return W-2 forms
- Pay stubs Military Leave and Earnings Statements
- Written statement from employer
- Child support order
- Benefits letter(s) *Enter types* _____
- Other _____
- Statement signed by parent (last resort)

Documentation was verified for twelve months based on last calendar year previous 12 months

d. Monthly family income, for families who do not qualify by annual income and have special circumstances.

See Standard B-14. Verify annual income, before choosing monthly income. Complete section 26c also.

Family size _____ Month's income \$ _____ Percent of FPL _____ %

Reason for allowing eligibility by monthly income _____

27. Eligible with risk factors - Over-income: Choose one. *Complete section 26c also.*

Child has a developmental disability or delay. Describe: _____

There are environmental risk factors. Describe: _____

Placement *Choose one. Use mm/dd/yyyy format for dates.*

Waitlisted (date) _____ Prioritization rating (optional, do not enter in EMS) _____

Assigned to a class (date) _____ Site code _____ Class code _____

First day attended _____ Last day attended _____

Name of assigned family support staff _____ FS specialist FS aide

Child never attended class.

Transfers/Returns

New Site code _____ Class code _____ First day attended _____ Last day attended _____

New Site code _____ Class code _____ First day attended _____ Last day attended _____

Signature of ECEAP staff member who verified eligibility:

I certify that, to the best of my knowledge, the information on this form is true and correct. I viewed and verified documentation establishing this child's eligibility for ECEAP.

Staff Signature _____ Date _____

Signature of parent/guardian, after staff eligibility verification:

I certify that the information on this form is true and correct. I understand that this information may be reported to other state agencies or research firms. The Department of Early Learning keeps the identity of individual children and families confidential to the extent allowed by state and federal law.

Parent Signature _____ Date _____