1a. Head Start / EHS / ECEAP Pre-Application

- *Created 04/14*
- *Reviewed 03/26*

- 1a. Enrollment Intake Form (English) (lowercolumbia.edu/publications/head-start-handbooks/ERSEA/_assets/documents/ERSEA-1a-HS-EHS-ECEAP-Enrollment-Intake-Form.pdf)
- 1a. Forma de Inscripción (español) (lowercolumbia.edu/publications/head-start-handbooks/ERSEA/_assets/documents/ERSEA-1a-HS-EHS-ECEAP-Enrollment-Intake-Form-Spanish.pdf)

1a1. Head Start / EHS / ECEAP Interest Application

- *Created 03/2026*
- *Reviewed 06/2026*

- 1a1. Head Start/EHS/ECEAP Interest Form (lowercolumbia.jotform.com/260115739224857)

1c. Family Income Statement

- *Created 08/99*
- *Reviewed 11/21*

- 1c. Family Income Statement (English) (lowercolumbia.edu/publications/head-start-handbooks/ERSEA/_assets/documents/ERSEA-01c-Family-Income-Statement.pdf)
- 1c. Declaración de ingresos familiares (español) (lowercolumbia.edu/publications/head-start-handbooks/ERSEA/_assets/documents/ERSEA-01c-Family-Income-Statement-Spanish.pdf)

1d. Parent/Guardian Permission to Reveal or Obtain Confidential Information

- *Created 04/03*
- *Reviewed 02/23*

- 1d. Parent/Guardian Permission to Reveal or Obtain Confidential Information (English) (lowercolumbia.edu/publications/head-start-handbooks/ERSEA/_assets/documents/ERSEA-01-d-ReleaseOfConfidentialInfo-Fillable.pdf)
- 1d. Autorización de los Padres/Tutores para Revelar u Obtener Información Confidencial (español) (lowercolumbia.edu/publications/head-start-handbooks/ERSEA/_assets/documents/ERSEA-01-d-ReleaseOfConfidentialInfo-Spanish-Fillable.pdf)

1d1. Parent/Guardian Permission to Reveal or Obtain Confidential Information Procedure

- *Created 06/04*
- *Reviewed 04/22*

To meet Federal and State requirements and provide ongoing care, parent/guardians or pregnant individuals will be requested to complete Parent/Guardian Permission to Reveal or Obtain Confidential Information (ROI) Form (ERSEA 1d) (lowercolumbia.edu/publications/head-start-handbooks/ERSEA/1-application/d-parent-guardian-permission-to-reveal-or-obtain-confidential-info) or Adult/Pregnant Individual Permission to Reveal or Obtain Confidential Information Form (ERSEA 1f) (lowercolumbia.edu/publications/head-start-handbooks/ERSEA/_assets/documents/ERSEA-01-f-ReleaseOfParentInfo-Fillable.pdf) . These could include but are not limited to: local school district, health care provider, dental provider, WIC provider, any specialist that have seen the child/family or agencies that are assisting the child/family. They will expire 18 months after signature date unless otherwise noted on the release form.

Completion of Parent/Guardian or Prenatal Permission to Reveal or Obtain Confidential Information for HS/EHS/ECEAP can happen during these timelines:

- At Intake Appointment prior to enrollment to the program.
- At the Welcome Visits, ROI's are reviewed, updated and any additional are created based on need to meet State/Federal guidelines and provide ongoing care.
- Anytime throughout the school year as ongoing needs and/or providers of services change for a student, parent/guardian.

Placement of Parent/Guardian or Prenatal Permission to Reveal or Obtain Confidential Information form:

- When DST staff obtains the original ROI, they will place a copy in the red working file prior to sending the original to the Program Coordinator. The Program Coordinator database into the health module of ChildPlus.net; initial and date bottom right-hand corner of original ROI; scan and attach the original ROI into the enrollment module of ChildPlus.net; and send the original back to the DST.
- The copy will be shredded upon return of the original.
- The original is placed in the site file and documented on the Administration Site File Form.

Use of The Parent/Guardian or Prenatal Permission to Reveal or Obtain Confidential Information form:

- At the request of the parent/legal guardian and/or an appropriate staff member, staff will print a copy of the pertinent ROI from the database and attach to the request.
- The exchange of information is for the purpose of meeting Federal/State requirements supporting the ongoing care of the student.

Mental Health Releases at Intake, Welcome Visits and as needed:

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- Parents/Guardians or Pregnant Individual will be invited to initial mental if they would like our mental health specialists or the child's teacher to be able to coordinate care relating to mental health needs with the provider they are completing the ROI for (common places we coordinate with include the school district, primary care providers, occupational therapist, or a mental health agency).
- Records from Mental Health agencies will be requested with form MH 5b.

Exchange of Information:

- A Release of Information (ROI) form (ERSEA 1d) (lowercolumbia.edu/publications/head-start-handbooks/ERSEA/1-application/d-parent-guardian-permission-to-reveal-or-obtain-confidential-info) , completed, signed and dated by the student's parent/guardian or pregnant individual is required for the exchange of information to another agency.
- White out is not to be used on ROI's under any circumstance. If a change needs to be made, a single line will be drawn through it with the original signature's initials. (Applies to the parent portion and office for databasing.)
- If there are any crossed off items and there is information written over the crossed off information, complete a new ROI. If the parent has initialed by the written information then the ROI may be used.
- Include a note to office staff for reasons why there are duplicate or revised ROI's being submitted to the office. In turn, office staff will include a note explaining why a ROI was returned so the staff know what action to take.

Revocation of Authorization of Release of Information:

- A person may revoke their authorization of the Release of Information (ERSEA 1e) (lowercolumbia.edu/publications/head-start-handbooks/ERSEA/_assets/documents/ERSEA-01-e-ChangeOfStatus-Fillable.pdf) at any time.
- Form is to be on yellow paper.
- The form must be completed in writing with the original databased and also placed in file. A copy is given to the person authorizing the revocation.
- The revocation is not effective if HS/EHS/ECEAP has already received the protected health/education/mental health or other information based on the authorization the individual signed previously.

1d2. Request for Child Records Procedure

- *Created 03/16*
- *Reviewed 11/23*

1. When making a request for child records, the staff member is to complete a Request Letter (DISA 2f, DISA 2g, FS/PE 4d, MH 5b, HLTH 11e1a-11e2).
   - **Guidance on filling out Request for Health Documentation Letter**
     - Check ChildPlus.net health module for date of most recent request if made.
     - When sending the request letter (DISA 2f, DISA 2g, FS/PE 4d, MH 5b, HLTH 11e1) please make sure each field LOC ID, Child's Name, Parent/Guardian Name, Clinic Name and Request line are completed and that your request for information is as specific as possible before sending to the Program Coordinator/Assistant for processing.
     - Please do not date the request form. Due to Office Staff workload, there could be a delay in processing the request. Office staff will enter the date that the request is processed and entered into ChildPlus.
     - If the student is on a seizure, anaphylaxis, dietary accommodation or asthma action plan:
       - The primary care provider must be the one to complete the action plan.
       - Obtain the name of the primary care provider or provider who established the action plan for the child and fax number of local clinic.
       - Place the provider's name and fax number on record's request.
   - **The following are examples of the language to be used when requesting records:**
     - **Milk Allergy (HLTH 11e1e)** – If requesting a milk substitute that is NOT Lactose Free Milk or Soymilk – List what type of milk child is allergic to and request treatment plan and/or special dietary accommodations. (Review procedure NUTR 1k.) Staff will assist the parent in completing the TOP SECTION ONLY of the Dietary Accommodations Form. The staff member will then send in the original copy of the Special Dietary Accommodation Form to the Health Coordinator or Health Specialist to have it faxed or mailed to the child's health care provider to complete, sign, and date the Diet Order section of the form.
     - **Food Allergy (HLTH 11e1d)** – Review procedure NUTR 1k, section III prior to attaching and completing the Request for Special Dietary Accommodations form. Staff will assist the parent in completing the TOP SECTION ONLY of the Dietary Accommodations Form. The staff member will then send in the

original copy of the Special Dietary Accommodation Form to the Health Coordinator or Health Specialist to have it faxed or mailed to the child's health care provider to complete, sign, and date the Diet Order section of the form and return it to the Head Start Health Specialist.

- **Anaphylaxis Allergies other than Food Allergies and Medications (HLTH 11e1k)**– If requesting verification of anaphylaxis of anaphylaxis, please include medication list and anaphylaxis action plan.
  Note: These are often included in physical/WCE if we are aware of the condition prior to requesting records. However, if not, we will request verification separately.
- **Asthma (HLTH 11e1f)**– Verification of asthma, please include medication list and asthma action plan.
  Note: These are often included in physical/WCE if we are aware of the condition prior to requesting records. However, if not, we will request verification separately.
- **Dental Exams (HLTH 11e1b)** – Most recent dental exam records (include date, if known).
- **Dental Treatments (HLTH 11e1b)** – Most recent dental treatment (include date, if known).
- **Developmental (DISA 2f or DISA 2g)** – Parent consent for evaluation, evaluation summary, IEP or IFSP meeting invitation and IEP or IFSP records.
- **Hearing (HLTH 11e1)** – Most recent hearing exam, treatment plan and recommendations (include date, if known).
- **DCYF (CPS) (FS/PE 4d)** – Current engagement in services, assigned social worker and contact information, family goal, and other/recommended strategies to support family success and stability.
- **Physical Exam/WCE (HLTH 11e1a)** – Most recent Phys/WCE, including Ht/Wt, Immunizations, Hct/Hgb, Lead Screening and UA (include date of exam in your Request Letter, if known). EHS Staff: Please also include "most recent OAE hearing screening date and results" in your request.
- **Sick Visit (HLTH 11e1)** – Most recent sick visit, diagnosis, recommendations and follow-up if needed (include date, if known). *Sometimes the child visits the Emergency Room. At this time, you would request ER visit.
- **Seizure Action Plan (HLTH 11e11)** – Most recent sick visit, diagnosis, recommendations and follow-up if needed (include date, if known). *Sometimes the child visits the Emergency Room. At this time, you would request ER visit.
- **Mental Health (MH 5b)** – Current enrollment in services, assigned clinician and contact information, intake summary/ diagnosis, Psychiatric/Psychological Evaluation Assessments,

Medication Management Plan, Treatment Plan (most recent), Clinical/Therapy Progress Notes, Exit/Discharge Summary, Other/Recommended strategies to support student in education setting.

- **Vision (HLTH 11e1c)** – Most recent vision exam, treatment plan and recommendations (include date, if known).
- **WIC (HLTH 11e1c)** – Most recent office visit, including Ht/Wt, Hgb/Hct and recommendations (include date, if known).

2. The DST/EHS staff member is to enter the request into ChildPlus Family Services if a Head Start/EHS/Prenatal student or the Health section of ELMS if an ECEAP student.
3. Send the completed Request Letter (DISA 2f, DISA 2g, MH 5b, HLTH 11e1a-11e2) to the Program Coordinator/Assistant. If the Parent/Guardian Permission to Reveal or Obtain Confidential Information form (ERSEA 1d) (lowercolumbia.edu/publications/head-start-handbooks/ERSEA/1-application/d-parent-guardian-permission-to-reveal-or-obtain-confidential-info) for the provider is new, attach the original to the letter. The Program Coordinator/Assistant will database into the health module of ChildPlus.net; initial and date bottom corner of original ROI; scan and attach the original ROI into the enrollment module of ChildPlus.net; and send the original to the DST. The Program Coordinator/Assistant will coordinate the requesting of documentation.
   When sending in a letter of request, staff will print a copy of the pertinent ROI from the database and attached to the request.
4. Prior to faxing or mailing the letter with a copy of the release to the provider, the Program Coordinator/Assistant will write the date and his/her initials on the letter.
5. 5. If the letter is to be mailed, the Program Coordinator/Assistant will make a copy of it.
6. The Program Coordinator/Assistant will fax or mail the letter with a copy of the release to the provider.
7. The Program Coordinator/Assistant will enter request information onto the ChildPlus/Health Database; note this has been done on the original letter (if faxed) or on the copy of the letter (if mailed) and then forward the documentation to the DST/EHS Staff for placement in the child's Site file.

1e. Change of Status

- *Created 06/01*
- *Reviewed 10/23*

- 1e. Change of Status (lowercolumbia.edu/publications/head-start-handbooks/ERSEA/_assets/documents/ERSEA-01-e-ChangeOfStatus-Fillable.pdf)

1f. Adult/Pregnant Individual Permission to Reveal or Obtain Confidential Information

- *Created 11/13*
- *Reviewed 04/22*

- 1f. Adult/Pregnant Individual Permission to Reveal or Obtain Confidential Information (lowercolumbia.edu/publications/head-start-handbooks/ERSEA/_assets/documents/ERSEA-01-f-ReleaseOfParentInfo-Fillable.pdf)

1g. Parent/Guardian Revocation of Consent to Release Information

- *Created 04/22*

- 1g. Parent/Guardian Revocation of Consent to Release Information (lowercolumbia.edu/publications/head-start-handbooks/ERSEA/_assets/documents/ERSEA-01g-Parent-Guardian-Revocation-of-Consent-to-Release-Information.pdf)

1h. DSHS Benefit Verification Consent Form Procedure

- *Created 03/25*

Procedure

This form provides consent to use or share confidential benefit verification information about a client between DSHS and Lower Columbia College Head Start/EHS/ECEAP.

How to Use:

1. Fill out this form electronically if possible. You must complete a separate form for each person, including children, if necessary.
2. Name: Provide the name of only one client on each form. Include any former names that client may have used when receiving services
3. Date of Birth: Needed to identify clients from persons with similar names.
4. Identification Number: Provide a client identification number or other identifier such as a social security number (not required) to assist in identifying records and tracking history and services received.

Consent Authorization:

1. Reason for disclosure: This information is required before DSHS can share verification of SNAP/TANF benefits.
2. Agencies or persons exchanging records:
   This completed form allows:
   a. the use and disclosure of confidential information inside DSHS and with the agencies or persons listed; and
   b. disclosure of confidential information to DSHS by the outside agencies or persons listed. You may also attach a list of agencies allowed to share information, which the client must also sign.
3. Information included: Clients must indicate what records are covered by the consent. Clients may make all records available or may limit the included records by date, type or source of record. If a client does not sign a consent or does not specify a particular record, sharing of that record will still be allowed if permitted by law. You may attach a list of covered records that the client must also sign.
4. Duration: Include an expiration date for the consent, if different than one year. The consent will expire in one year unless you identify a different date.
5. Understanding: Be sure the client understands what permission is being granted and how and why information will be shared. If needed, use a translated form and interpreter or read the form aloud. If the client needs more information, provide an additional copy of the DSHS Notice of Privacy Practices.

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Signatures:

1. Client: Have the client sign this box and insert the date of signature. The client may substitute a mark in this box that you witness.
2. Witness or Notary: A witness or notary may be needed to verify the client's identity if the client does not submit this form in person or if a program requests verification. This person should sign and print his or her name.
3. Parent or Other Representative: If the client is a child under the age of consent, a parent or guardian must sign. If the child does not meet the age of consent for all records to be shared, both the child and the parent must sign. If someone is signing in another capacity (including a person with a power of attorney or an estate representative), mark "other" and obtain a copy of the legal authority to act. The person signing must date the signature and give a telephone number or contact information.

Use of DSHS BVS System:

1. Once the consent form is completed by the client, staff with permission to use the BVS system on the State of Washington (SAW) system, will access their database to confirm verification of benefits.
2. Upload the Consent form into the DSHS BVS Google Drive, shred paper documents if a paper copy is received.

Database and Documentation.

1. Print to PDF a copy of the monthly verification and upload in the Childplus Enrollment tab: Attachments, Attachment Type: Income Documentation, Description: SNAP, TANF or SNAP/TANF if receiving both.
2. On the Eligibility Verification Form (ERSEA 3b), complete the SNAP/TANF Grant information with information from the BVS verification.

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1i. DSHS Benefit Consent Form

- 1i. DSHS Benefit Consent Form (www.dshs.wa.gov/sites/default/files/forms/pdf/14-012.pdf)