LOWER COLUMBIA COLLEGE HEAD START/EHS/ECEAP
Enrollment Intake Form

Name: **DOB:**

For Office Staff to complete with Family:

Parent #1 Name: _____

Are you currently employed? ☐ Yes ☐ No
☐ F-T ☐ P-T ☐ Seasonal ☐ Unemployed ☐ Disabled
Employer Name: _____
Phone and email: _____
How many hours: _____
Enrolled in a School/Training Program? ☐ Yes ☐ No
School and goal/major: _____
Parent's Highest Level of Education: _____

Parent #2 Name: _____

Are you currently employed? ☐ Yes ☐ No
☐ F-T ☐ P-T ☐ Seasonal ☐ Unemployed ☐ Disabled
Employer Name: _____
Phone and email: _____
How many hours: _____
Enrolled in a School/Training Program? ☐ Yes ☐ No
School and goal/major: _____
Parent's Highest Level of Education: _____

Household Situation:

Name of siblings and birth dates:

Name: _____ Sex: _____ Race: _____ DOB: _____
Name: _____ Sex: _____ Race: _____ DOB: _____
Name: _____ Sex: _____ Race: _____ DOB: _____

Does your household receive subsidized housing (HUD) such as housing vouchers or cash assistance for housing?
☐ Yes ☐ No

Does your household currently receive Working Connections Child Care subsidy for this child? ☐ Yes ☐ No

Would you like more information about Working Connections Child Care subsidy? ☐ Yes ☐ No

Is child in Foster Care, Kinship Care or been adopted after Foster or Kinship? ☐ Yes ☐ No

Research Based Risk Factors (use for ECEAP points in ELMS):

Does this child have a household family members who has a chronic physical or mental health condition that impacts their ability to engage in work, school or family life? ☐ Yes ☐ No

Does this child have a parent who was under the age 18 when child was born? ☐ Yes ☐ No

Does this child have a parent who is a seasonal or agricultural worker? ☐ Yes ☐ No

Does this child have a military parent deployed currently, or within the past 12 months or for a total of 19 or more months within the child's lifetime? ☐ Yes ☐ No

Does this child have a parent who is incarcerated in jail or prison? ☐ Yes ☐ No

Has this child experienced the loss of a parent, such as death or abandonment? ☐ Yes ☐ No

Has this child experienced the divorce or separation of their parents? ☐ Yes ☐ No

Has this child experienced homelessness within the last 12 months? ☐ Yes ☐ No

Has this child lived in a household with domestic violence, including during pregnancy? ☐ Yes ☐ No

Has this child lived in a household with substance abuse, including during pregnancy? ☐ Yes ☐ No

Has this family received CPS/FAR/ICW services or been involved with law enforcement/court system? ☐ Yes ☐ No

Has this child reunited with parent after Foster or Kinship Care in the past 12 months? ☐ Yes ☐ No

Were you referred to our program by a professional? ☐ Yes ☐ No If yes, please list provider: _____

(C: 04/14; R: 03/26)

☐ *ROI Completed* ☐ *Documented in ChildPlus*

Referrals:

How did you hear about us? ☐ Past Family ☐ Flier ☐ Word of Mouth ☐ Website ☐ Community Event ☐ Employee ☐ Other: _____

Lower Columbia College Head Start/ECEAP does not discriminate against any person on the basis of race, color, national origin, disability, or age in admission, treatment, or participation in its programs, services and activities, or in employment.

"I promise that all information is true, and I understand that I could be removed from the program if I give false information. The agency will keep my information confidential, but I can ask to see my records by written request."

Parent/Guardian Signature: _____

Date: _____

Staff Signature: _____

Date: _____

FOR OFFICE USE ONLY: Verification of McKinney-Vento Status

Fill out this section if family stated Homelessness on Interest Application ar as part of the Intake Enrollment Interview

The McKinney-Vento Act defines homeless children as "individuals who lack a fixed, regular, and adequate nighttime residence." Check which living situation best meets the family's circumstances.

☐ *Children and youth sharing housing due to loss of housing, economic hardship or a similar reason.*
☐ *Children and youth living in motels, hotels, trailer parks, or campgrounds due to lack of alternative accommodations.*
☐ *Children and youth living in emergency or transitional shelters.*
☐ *Children and youth abandoned in hospitals.*
☐ *Children and youth whose primary nighttime residence is not ordinarily used as a regular sleeping accommodation (e.g. park benches, tents, etc.).*
☐ *Children and youth living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations.*
☐ *Migratory children and youth living in any of the above situations.*