

2020-2021 PRESCHOOL SCREENING FORM

Should I complete this form?

Will your child be 3- or 4-years-old by September 1? Yes No

Are you interested in preschool programs in Linn, Benton or Lincoln Counties? Yes No

Is your annual family income at or below this level? Yes No

*Please note, some programs offer services to foster children and families experiencing homelessness regardless of family income.

IF YOU ANSWERED NO to any of the questions in this section, and you are not completing this application for a foster child or experiencing homelessness, you may not be eligible for free preschool. Please contact preschoolpromise@linnbenton.edu if you would like more information.

2020 Federal Poverty Level Chart

Household Size	200% FPL
2	\$34,480
3	\$43,440
4	\$52,400
5	\$61,360
6	\$70,320
7	\$79,280
8	\$88,240

Parent/Guardian Contact Information

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

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

Primary Phone: _____ Secondary Phone: _____ Email: _____

Address: _____ City: _____ Zip Code: _____

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

What language do you prefer to be contacted in? English Spanish Russian Vietnamese Mandarin Cantonese

Other: _____

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 Mandarin Cantonese

Other: _____

How do you identify your child's race, ethnicity, tribal affiliation, country of origin, or ancestry? _____

Does your family have an Individual Family Service Plan (IFSP) to support your child's development? Yes No

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

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

Family Information

Household Size: # of Parents/Adults: _____ + # of Dependent Children _____ = _____ (Total household size)

Preliminary Income/Eligibility:

Foster Child

Total annual income (most recent tax year or past 12 months): _____

Income will be verified for: wages, child support, unemployment, cash grants, TANF and SSI.

Does your family receive any of the following services or forms of financial assistance?

- DHS Employment Related Daycare (ERDC) Yes No
- Free or Reduced Lunch Program Yes No
- Supplemental Nutrition Assistance Program (SNAP) Yes No
- Supplemental Security Income (SSI) Yes No
- Temporary Assistance for Needy Families (TANF) Yes No
- Women, Infants, and Children Program (WIC) Yes No
- Medicaid/Oregon Health Plan (OHP) Yes No
- Do you consider your family to be homeless (see below)? Yes No

Would you like more information about any of these programs, or are there other needs? Please describe.

Early Care and Education Preferences

Location (town, neighborhood, zip code, school area, proximity to home or work):

Preferred Setting: Family Child Care Home / In-Home Center-based
 Head Start School district

Language-specific or Culturally Specific (describe):

Rank up to three participating providers where you are interested in enrolling:

1. _____
2. _____
3. _____

Need Transportation: Yes No Home Visitation/Parenting: Yes No Extended Care: Yes No

Parent/Guardian Signature

By signing this screening form, I understand and agree that the information on this form may be shared with entities and individuals involved in the Preschool Promise Program, including preschool providers, Enrollment Committees, Early Learning Hubs, Education Service Districts and the Oregon Department of Education and its Early Learning Division, for the purpose of administering and evaluating the Preschool Promise Program.

 Print Name Signature Date

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 accommodations;
3. living in emergency or transitional shelters;
4. abandoned in hospitals; or
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.