



2020-2021 PRESCHOOL PROMISE SCREENING FORM

Should I complete this form?

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

Will your child be 3- or 4-years-old by September 1, 2020? Yes No

Are you interested in Preschool Promise programs in Clatsop, Columbia or Tillamook 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 Racheal Atnip 503.614.3188; ratnip@nwresd.org if you would like more information.

If you are not eligible for preschool promise, you can still complete and sign this form. By completing the information and signing this form, you will be giving permission for NW Early Learning Hub to share your preschool interest with participating preschool promise programs that offer additional preschool opportunities through scholarship, sliding scale, and tuition.

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):

Need Transportation: Yes No

Home Visitation/Parenting: Yes No

Extended Care: Yes No

If a program is only offering a full-time distance learning model for the beginning of the school year, are you still interested in enrolling if deemed eligible and placed? Yes No

Are you interested in Home Visitation or Parenting Education resources? Yes No

Are you currently being served in another early care or education setting? If so, which one? _____

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

1. _____

2. _____

3. _____

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, Oregon Pre-Kindergarten and Federal Head Start Programs, 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
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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.

Provider Type <i>Tipo de Proveedor</i>	Provider Features <i>Características del Proveedor</i>
 Family Child Care Home/In-home Cuidado infantil familiar/en el hogar	 Provides Transportation Provee transportación
 Center-based/Centro	 Extended Care/ Cuidado Extendido
 Head Start Oregon Pre-Kindergarten (OPK)	 Spanish/Español
 School District/Distrito Escolar	 Distance Learning Model to start/ Aprendizaje a distancia para comenzar

Name and Website <i>Nombre y Sitio Web</i>	Location <i>Ubicación</i>	Type <i>Tipo</i>	Features <i>Características</i>	Projected Start Date <i>Fecha de inicio proyectada</i>
St. Helens School District www.sthelens.k12.or.us/cubscorner	2375 Gable Rd, St Helens, OR 97051		 	Early October Principio de octubre
Monkey Tree Learning Center www.monkeytreelearningcenter.com	500 N Columbia River Hwy, St Helens, OR 97051			Mid-September Mediados de sept.
Mrs. Fields Place, Childcare and Preschool	504 McBride Street St Helens, OR 97051		 	Mid-September Mediados de sept.
Rainier Preschool www.rainier.k12.or.us	28176 Old Rainier Road, Rainier, OR 97048		 	Mid-September Mediados de sept.
Simply Kids Preschool 503.325.4687	Astoria, OR 97103			TBD Se anunciará
Astoria School District www.astoria.k12.or.us	785 Alameda Avenue, Astoria, OR 97103		 	End of October Final de octubre
Neah-Kah-Nie School District nknsd.org	504 N 3rd Ave, Rockaway Beach, OR 97136			Early October Principio de octubre
Tillamook School District 503-842-4414	2510 1st St, Tillamook, OR 97141		 	Mid September Mediados de sept.
Tillamook Early Learning Center (TELC) www.tillamookelc.org	1100 Miller Ave, Tillamook, OR 97141			Mid October Mediados de octubre
Candy's Childcare 503-990-0357	Tillamook, OR 97141		 	End of October Final de octubre
Pacific Ridge Beginning School 503-738-5161	2600 Spruce Drive, Suite 100, Seaside, OR 97138		 	End of October Final de octubre
Jewell School Preschool 503-755-2451	83874 OR-103, Seaside, OR 97138		 	Early September Principio de sept
Ocean Breeze Daycare 503-374-3908	8805 Stark Street Rockaway, OR 97136			Early October Principio de octubre
Nestucca Valley Early Learning Center www.nvelc.com	503-392-4449			End of September Final de septiembre