

Head Start/ECEAP/Early Head Start

***Our mission is to transform the future
by making a difference in the lives of children and families.***

All families are welcome and encouraged to apply.

Our programs offer the following services to qualified families:

- Education
- Nutritious meals
- Health Screenings
- Family Support Services
- Parent education and involvement
- Support for children with disabilities
- Free Preschool services
(some fees may apply for full-day services)



Who is eligible?

- Early Head Start serves families of pregnant women, infants and toddlers up to the age of 36 months
- Head Start and ECEAP serve families of 3- to 5-year olds
- Families living on a limited income based on the federal poverty guidelines
- Children in foster care
- Families who are homeless
- Families who are receiving SSI or TANF may be eligible
- Children with diagnosed disabilities

While transportation is not provided by Head Start/EHS, Head Start/EHS assists parents in finding alternate solutions. Transportation is provided at some ECEAP locations.

If you have questions or need assistance with the application, call 533-4800.
For deaf or hearing impaired, contact Washington Relay Service TTY/V 1-800-833-6384.

www.ccs.spokane.edu/head-start
www.facebook.com/Spokane.HS.ECEAP.EHS



Your involvement is an important part of your child's success!



Community Colleges of Spokane does not discriminate on the basis of race, color, national origin, sex, disability, sexual orientation or age in its programs, activities or employment. For TTY service, call 279-6092. Marketing and ZPublic Relations, date.

	Center	Address	Phone	Infants (0-12 mos.)	Toddler (1-3 yrs.)	Preschool	Child Care	Transportation
Head Start / Early Head Start	Adult Education Center	2310 North Monroe St Spokane, WA 99205	533-4650	X	X	X		
	East Central Community Center	500 S Stone Spokane, WA 99212	279-6316		X		X	
	Holmes School	2600 West Sharp Spokane, WA 99201	354-2994			X		
	Northeast Child Development Center	4001 N Cook St Spokane, WA 99207	279-6351	X	X	X	X	
	SCC Bigfoot Child Care Center	1810 N Greene St, Bldg. 20 Spokane, WA 99217	533-7170		X	X	X	
	SFCC Early Learning Center	3410 West Fort George Wright Dr., Bldg. 16 Spokane, WA 99224	533-3624	X	X	X	X	
	West Boone Center	2427 West Boone Ave Spokane, WA 99205	279-6901	X	X		X	
	West Central Community Center	1603 N Belt Spokane, WA 99205	279-6340		X	X	X	
	Woodridge School	5100 W Shawnee Ave Spokane, WA 99208	354-4593			X		
ECEAP Early Childhood Education and Assistance Program	Deer Park School District	1500 East "D" St, PO Box 190 Deer Park, WA 99006	464-5680 464-5681			X		X
	Cheney School District	Cheney Middle School 740 Betz Rd	559-4426			X		
	East Valley School District • East Farms Elementary • Otis Orchards Elementary • Trent Elementary • Trentwood Elementary	26203 E Rowan, Newman Lake WA 99025 22000 E Wellesley Ave, Spokane Valley WA 99027 3303 N Pines Rd, Spokane Valley WA 99206 14701 E Wellesley Ave, Spokane Valley Wa 99216	927-3220 924-9823 893-4123 241-5689			X		X
	Liberty Park Community Development Center	1417 East Hartson Spokane, WA 99202	534-0957			X		
	Martin Luther King Jr. Center	845 South Sherman St Spokane, WA 99202	455-8722 Ext 201					
	Riverside School District Chattaroy Elementary Riverside Elementary	25717 North Yale Rd, Chattaroy, WA 99003 3802 E Deer Park Milan Rd, Chattaroy, WA 99003	464-8270			X X		X X
	Salish School of Spokane	4117 N Maple St Spokane, WA 99205	325-2018				X	
	Southwest Community Center	310 S Spruce St. Spokane, WA 99201	385-4896			X		
	Spokane Child Development Center	3120 N Industrial Park 1 st Street Spokane Valley, 99216	924-2850			X	X	
	Spokane Public Schools: • Lincoln Heights Elementary • Roosevelt Elementary • Stevens Elementary	3322 East 22 nd Ave, Spokane WA 99223 333 West 14 th Ave, Spokane WA 99203 1717 East Sinto Ave, Spokane WA 99202	354-3336 354-3336 354-4221			X X		
	West Valley School District West Valley Early Learning Center	2523 N Park Rd Spokane, WA 99212	922-5478			X		X
	YMCA/EWU Children's Center	923 Washington Cheney, WA 99004	359-2024			X	X	
	YWCA of Spokane • YWCA DTX • YWCA West Plains • Medical Lake	930 North Monroe St Spokane, WA 99201 13120 West 13 th Airway Heights, WA 99001 119 N Lefevre St, Medical Lake, WA 99022	789-9271 244-4833 290-7184			X X X	X	

Head Start/ EHS/ECEAP Income Guidelines 2018-2019			
Family Size	Head Start/EHS Eligible 100% Poverty Level	Head Start/ EHS 130% Poverty Level	ECEAP Eligible 110 % Poverty Level
1	\$12,140	\$15,782	\$13,354
2	\$16,460	\$21,398	\$18,106
3	\$20,780	\$27,014	\$22,858
4	\$25,100	\$32,630	\$27,610
5	\$29,420	\$38,246	\$32,362
6	\$33,740	\$43,862	\$37,114
7	\$38,060	\$49,478	\$41,866
8	\$42,380	\$55,094	\$46,618
For families with more than 8 persons, add for each additional person	\$4,180	\$5,616	\$4,752



Spokane County Head Start/ECEAP/EHS APPLICATION

RECEIVED _____
ENTERED _____

Child Information	Child's Name _____		Date of Birth _____	
	Preferred Name _____		<input type="checkbox"/> Male <input type="checkbox"/> Female	
	Child's Race(s) Check ALL That Apply: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Other (Specify) _____			
	Is this child Hispanic? <input type="checkbox"/> No <input type="checkbox"/> Yes		What language(s) does your child speak? _____	
	Address _____		City _____	Zip _____
	County _____		School District _____	

		PARENT/GUARDIAN 1		PARENT/GUARDIAN 2	
Parent/Guardian Information	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____ Name: _____		<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____ Name: _____		
	Address if different than child: _____		Address if different than child: _____		
	Home Phone: _____		Home Phone: _____		
	Cell Phone: _____		Cell Phone: _____		
	Work/Message Phone: _____		Work/Message Phone: _____		
	E-Mail Address: _____		E-Mail Address: _____		
	Date of birth: _____		Date of birth: _____		
	Language(s) spoken: _____		Language(s) spoken: _____		
	Does this adult require an interpreter to access services? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does this adult require an interpreter to access services? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Educational Level Highest Grade Completed _____ <input type="checkbox"/> HS Grad/GED <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree		Educational Level Highest Grade Completed _____ <input type="checkbox"/> HS Grad/GED <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree		
	Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No Race (check all that apply): <input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black / African American <input type="checkbox"/> Caucasian / White <input type="checkbox"/> Hawaiian / Pacific Islander <input type="checkbox"/> Other (Specify) _____		Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No Race (check all that apply): <input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black / African American <input type="checkbox"/> Caucasian / White <input type="checkbox"/> Hawaiian / Pacific Islander <input type="checkbox"/> Other (Specify) _____		
			PARENT/GUARDIAN 1		PARENT/GUARDIAN 2
Are you currently working? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Working Full Time <input type="checkbox"/> Disabled <input type="checkbox"/> Working Part Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Seasonal Worker <input type="checkbox"/> Retired		Are you currently working? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Working Full Time <input type="checkbox"/> Disabled <input type="checkbox"/> Working Part Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Seasonal Worker <input type="checkbox"/> Retired			
Are you currently in school? <input type="checkbox"/> No <input type="checkbox"/> Yes, where _____ <input type="checkbox"/> Full time <input type="checkbox"/> Part time Which school are you planning to attend? _____		Are you currently in school? <input type="checkbox"/> No <input type="checkbox"/> Yes, where _____ <input type="checkbox"/> Full time <input type="checkbox"/> Part time Which school are you planning to attend? _____			
Are you in Adult Basic Education or ESL classes? <input type="checkbox"/> No <input type="checkbox"/> Yes		Are you in Adult Basic Education or ESL classes? <input type="checkbox"/> No <input type="checkbox"/> Yes			

Eligibility Information	Child lives with: <input type="checkbox"/> 1 Parent/Guardian 2 Parents/Guardians: <input type="checkbox"/> in one household <input type="checkbox"/> in two households Name of person(s) child lives with _____		
	Number of people in family: _____		
	Siblings age 5 or under: Name: _____ Name: _____ Date of Birth: _____ Date of Birth: _____		
	REQUIRED Annual Income for the last 12 months or last calendar year (gross income from IRS Tax Form): 		
	Prior to enrollment proof of your family's income for the last calendar year or the last 12 months must be supplied; can be copies of W-2s, income tax return, TANF benefits, unemployment summary, child support, social security, SSI, pay stubs.		
	Is anyone in your family receiving SSI (Supplemental Security Income)? <input type="checkbox"/> No <input type="checkbox"/> Yes Is this child a foster child? <input type="checkbox"/> No <input type="checkbox"/> Yes Are you receiving a TANF grant? <input type="checkbox"/> No <input type="checkbox"/> Yes Are you currently receiving Working Connections Child Care Subsidy? <input type="checkbox"/> No <input type="checkbox"/> Yes Does your child have a diagnosed disability (IFSP, IEP) <input type="checkbox"/> No <input type="checkbox"/> Yes Is your family currently staying in a car, park, campground, hotel, emergency shelter, transitional housing or living with another family temporarily? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Additional Information	How did you hear about Head Start/ECEAP? <input type="checkbox"/> Website <input type="checkbox"/> Word of mouth <input type="checkbox"/> Case Worker <input type="checkbox"/> Community Agency <input type="checkbox"/> Head Start/ECEAP Employee <input type="checkbox"/> Flyer or poster <input type="checkbox"/> Community Event <input type="checkbox"/> Other _____		
	If you were referred, please list the agency. _____		
	Please check any of the following that apply to your family. <input type="checkbox"/> Sibling enrolled in program <input type="checkbox"/> Homeless in last 12 months <input type="checkbox"/> Single Parent <input type="checkbox"/> Mental Health Issues <input type="checkbox"/> Family Violence <input type="checkbox"/> Parental Disability <input type="checkbox"/> CPS Involved <input type="checkbox"/> Health Issues <input type="checkbox"/> Drug/Alcohol Issues <input type="checkbox"/> English Language Learner <input type="checkbox"/> Incarcerated Parent <input type="checkbox"/> Currently Pregnant		
HEAD START/ECEAP/EARLY HEAD START SITE INFORMATION			
Time Preference: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Full Day (There may be a fee for full-day services. Full day services are not available at all sites.)			
Where would you like to enroll you child? (Please see the cover sheet for a complete listing of sites and program options.)			
<input type="checkbox"/> Head Start/Early Head Start Site: 1 st Choice _____ 2 nd Choice _____			
<input type="checkbox"/> ECEAP Site: 1 st Choice _____ 2 nd Choice _____			
<input type="checkbox"/> I am interested in the Early Head Start Home Visitor Program (prenatal – 3 years)			
Please return or mail your application to a Head Start/ECEAP/Early Head Start site you wish to attend. Mailing addresses are listed on the cover sheet. During the summer months please call our administrative office at 533-4800, or mail it to: <div style="text-align: center;"> 3939 N Freya St, Spokane, WA 99217 </div>			
<i>I hereby affirm that all the above-stated information provided by me is true and correct to the best of my knowledge.</i>			
Parent's or legal guardian's signature _____ Date _____			
Non-Discrimination Policy It is the policy of Spokane County Head Start/ECEAP/EHS that no person shall be subjected to discrimination because of race, color, national origin, sex, sexual orientation, age, religion, creed, marital status, disabled or Vietnam Era Veteran status, or the presence of any physical, mental or sensory handicap. Any person who believes he or she has been discriminated against in any USDA-related activity should write immediately to the Secretary of Agriculture, Washington DC, 20250.			