

Spokane 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
(*fees apply for working-day services)



Who is eligible?

- Early Head Start serves families of pregnant persons, 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, TANF, or SNAP/EBT are eligible

While transportation is not provided by HS/EHS, staff can assist parents in finding alternate solutions. Transportation is provided at some ECEAP locations.

If you have questions or need assistance with the application, call 509-533-4800.
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!

Head Start
ECEAP
Early Head Start



Washington State Department of
CHILDREN, YOUTH & FAMILIES

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 509-279-6092. Marketing and Public Relations.

	Center	Address	Phone (509)	Infants (0 -12 mos.)	Toddler (1-3 yrs.)	*Preschool	Child Care	Transportation	In-Home Education Service
Head Start / Early Head Start	Adult Education Center	2310 North Monroe St, Spokane, WA 99205	533-4650		X	X			X
	Gonzaga Family Haven	975 E North Foothills Dr, Spokane, WA 99207	279-8711	X	X	X	X		
	Logan/Lidgerwood	3704 N Nevada St, Spokane, WA 99207	279-6480	X	X	X			
	MLK Jr. Community Center	500 S Stone, Spokane, WA 99212	279-6316	X	X		X		X
	Northeast Child Development Center	4001 N Cook St, Spokane, WA 99207	279-6376	X	X	X	X		
	Northeast Community Center	4001 N Cook St, Spokane, WA 99207	279-6351			X			
	SCC Child Care Center	1810 N Greene St, Bldg. 20, Spokane, WA 99217	533-7170	X	X	X	X		X
	SFCC Early Learning Center	3410 West Whistalks Way, Bldg. 16 Spokane, WA 99224	533-3624	X	X	X	X		X
	Sisters Haven	1935 N Holy Names Ct, Spokane, WA 99224	279-6490	X	X	X	X		
	West Boone Center	2427 W Boone Spokane, WA 99201	TBD	X	X		X		
	West Central Community Center	1603 N Belt, Spokane, WA 99205	279-6340		X	X	X		
ECEAP Early Childhood Education and Assistance Program	Cheney School District • Betz Elementary • Sunset Elementary • Snowden Elementary • Salnave Elementary • Windsor Elementary	12414 South Andrus Rd, Cheney, WA 99004 317 N 7th, Cheney, WA 99004 12824 W 12th Ave, Airway Heights, WA 99001 6323 S Holly Rd, Cheney, WA 99004 1015 Salnave Rd, Cheney, WA 99004 5504 W Hallett Rd, Spokane, WA 99224	559-4559 559-4426 559-4600 559-4300 559-4700 559-4200			X X X X X		X	
	Deer Park School District	1500 East "D" St PO Box 190, Deer Park, WA 99006	464-5687			X		X	
	East Valley School District • East Farms Elementary • Otis Orchards Elementary • Trent Elementary • Trentwood Elementary	3830 N Sullivan Rd, Bldg #1, Spokane Valley, WA 99216 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	924-1830 893-4122 893-4125 893-4123 893-4123			X X X X		X X X X	
	GLOW Early Learning Center	720 W Riverside Ave, Spokane, WA 99201	220-4679	X	X	X	X		
	Liberty Park Early Learning Center	1525 East Hartson, Spokane, WA 99202	474-1743			X			
	Martin Luther King Jr. Center	500 S Stone St, Spokane, WA 99202	868-0856			X			
	North East Youth Center	3004 E Queen Ave, Spokane, WA 99217	482-0708						
	Parkview Early Learning Center	5122 N Division St, Spokane, WA 99207	362-5610			X	X		
	Salish School of Spokane	4125 N Maple St, Spokane, WA 99205	325-2018			X			
	Spokane Child Development Center	3120 N Industrial Park 1 st Street Spokane Valley, WA 99216	924-2850	X	X	X	X		
	Trinity Educare	2315 N Cedar St, Spokane, WA 99205	327-9369			X			
	West Valley School District West Valley Early Learning Center	2805 N Argonne Rd, Spokane Valley, WA 99212 2523 N Park Rd, Spokane, WA 99212	924-2150 922-5478			X		X	
	YMCA/EWU Children's Center • YMCA Manito United Methodist Church	923 Washington, Cheney, WA 99004 3220 S Grand Blvd Ste B Spokane, WA 99203	359-2024 389-7838			X X	X X		

Head Start/ EHS/ECEAP Income Guidelines 2023-2024			
Persons in the Family/Household	HS/EHS 100% Eligible	HS/EHS 130% Poverty Level	ECEAP Eligible 36% WA State Median Income (SMI)
1	\$14,580	\$18,954	\$21,528
2	\$19,720	\$25,636	\$28,155
3	\$24,860	\$32,318	\$34,777
4	\$30,000	\$39,000	\$41,404
5	\$35,140	\$45,682	\$48,027
6	\$40,280	\$52,364	\$54,653
7	\$45,420	\$52,364	\$54,653
8	\$50,560	\$65,728	\$57,141

For family units with more than 8 members, add \$5,140 - \$6,682 for each additional member.



Spokane 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? _____	
	Developmental Concerns <input type="checkbox"/> No <input type="checkbox"/> Yes _____			
	Address _____		City _____	Zip _____
County _____		School District _____		

PARENT/GUARDIAN 1		PARENT/GUARDIAN 2	
<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"/> Military <input type="checkbox"/> Veteran <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
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: _____ Date of Birth: _____	Name: _____ 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, child support, social security, SSI, SNAP/EBT, or 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 receiving SNAP food assistance? <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	
How did you hear about Head Start/ECEAP/Early Head Start?	
<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"/> Social Media <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	
Option Preference: <input type="checkbox"/> Part Day-AM <input type="checkbox"/> PM <input type="checkbox"/> School Day <input type="checkbox"/> Working Day <input type="checkbox"/> Home-Based (There are fees for working day services. 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 _____	
Please return or mail your application to a Head Start/ECEAP/Early Head Start site you wish to attend. HS/ECEAP/EHS are income eligible programs. Enclose a copy of your income to expedite enrollment and immunization record. Mailing addresses are listed on the cover sheet. During the summer months please call our administrative office at 509-533-4800, or mail it to:	
3939 N Freya St, Spokane, WA 99217	
<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 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.	