

# Xaashida Dulmarka ah ee Codsiga Waxbarashada Caruurnimada Hore

Soo dhawaaw! Fadlan u buuxi hal xidhmo oo codsi ah ilmo kasta kuna soo lifaaq dukumiintiyada loo baahan yahay.

U-qalmitaanka barnaamijyadeena waxaa lagu go'aamiyaa da'da ilmaha iyo dakhliga qoysku helo, laguma go'aamiyo taariikhda aad codsatay.

Barnaamijyadeenu si degdeg ah ayey u buuxsamaan, sidaas oowgeed fadlan sida ugu dhakhsaha badan u codso!

**Macluumaadka ku jira codsigaaga waa qarsoodi waxaana loo isticmaalaa oo keliya si loogu go'aamiyo u-qalmitaanka cunugaagu inuu u qalmo Barnaamijyada Waxbarashada Dhallaanka.**

**Uma baahnin, hubinta ama ka warbixin xogta socdaalka ama xaalada Department of Social and Health Services (DSHS).**

**Iskaan garee si aad u hesho macluumaad badan**



**Codsiga waxaa lagu soo lifaaqay dukumiintiyada loo baahan yahay:** Fadlan nala soo xiriir haddii aad u baahan tahay caawimaad si aad u buuxiso codsiga ama haddii aadan haysan mid ka mid ah dukumiintiyada loo baahan yahay ee hoos lagu qoray. Fadlan codsiga ka buuxi khad buluug ama madow.

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| <p><b>1</b></p>  <p><b>Cadeynta Dakhliga:</b> Kusoo lifaaq nuqulka cadeynta dakhliga qoyska.</p>                       | <p><b>Isticmaal mid kasta oo ku haboon:</b></p> <ul style="list-style-type: none"> <li>Dhukumiintiyada Dakhliga: <ul style="list-style-type: none"> <li>Canshuur celintii Sanadkii Lasoo Dhaafay</li> <li>Foomka W-2 ee Sanadkii lasoo dhaafay</li> <li>Warqadaha mushaarka ee 12 kii billood ee lasoo dhaafay</li> </ul> </li> <li>Warqadaha dheefaha hadda ee Dakhliga Amniga ee Dheeraadka ah (Supplemental Security Income, SSI)/Kaalmada Kumeel gaarka ah ee Qoysaska Baahiyaha Qaba (Temporary Assistance for Needy Families, TANF)/Barnaamijka Kaalmada Nafaqada Dheeraadka ah (Supplemental Nutrition Assistance Program, SNAP)</li> </ul> | <ul style="list-style-type: none"> <li>Deeqda Daryeelka Korinta Ilmaha</li> <li>Taageerada Ilmaha ee ka helay 12 billood</li> <li>Warqad shirkadu qortay oo sheegaysa dakhligaaga guud ee 12 kii billood ee lasoo dhaafay</li> </ul> |
| <p><b>2</b></p>  <p><b>Cadeynta Tirada Qoyska:</b> Kusoo lifaaq nuqulka cadeynta tirada qoyska.</p>                  | <p><b>Isticmaal mid kamid ah:</b></p> <ul style="list-style-type: none"> <li>Canshuur celintii Sanadkii Lasoo Dhaafay</li> <li>Dhukumiintiga kirada ama guriga</li> <li>Warqada Dheefaha (TANF, SSI, SNAP, iwm.)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                        | <ul style="list-style-type: none"> <li>Diiwaanada Dugsiga</li> <li>Dhukumiinti maxkamad ama sharci</li> </ul>                                                                                                                        |
| <p><b>3</b></p>  <p><b>Cadeynta Da'da Ilmaha:</b> Kusoo lifaaq nuqulka cadeynta taariikhda uu dhashay cunugaagu.</p> | <p><b>Isticmaal mid kamid ah:</b></p> <ul style="list-style-type: none"> <li>Warqada Dhalashada ee Ilmaha</li> <li>Baasaboort/Fiiso</li> <li>Warqado Korsasho oo dheeraad ah</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <ul style="list-style-type: none"> <li>Warqada Ogolaanshaha Daryeelka Korinta Ilmaha</li> <li>Diiwaanka Socdaalka ee Hadda</li> <li>Liistada dhukumiintiga deegaanka guriga ee waalidka</li> </ul>                                   |
| <p><b>4</b></p>  <p><b>Cadeynta Masuuliyada Sharciga:</b> Kusoo lifaaq nuqulka cadeynta masuuliyada sharciga.</p>    | <p><b>Isticmaal mid kamid ah:</b></p> <ul style="list-style-type: none"> <li>Warqada Dhalashada</li> <li>Baasaboort/Fiiso</li> <li>Warqado Korsasho oo dheeraad ah</li> <li>Diwaanka Daryeelka Korinta Ilmaha</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                           | <ul style="list-style-type: none"> <li>Heshiis qoraal ah oo ay saxiixeen ayna ku qoreen taariikhda waalidiinta iyo qofka masuuliyada sharciga haya</li> </ul>                                                                        |
| <p><b>5</b></p> <p><b>Dhukumiintiyada dheeraad ah haddii ay jiraan</b></p>                                                                                                                              | <ul style="list-style-type: none"> <li>Diiwaanka Socdaalka ee Hadda</li> <li>Barnaamijka Waxbarashada Gaarka ah (Individualized Education Program, IEP)/Qorshaha Adeegga Qoyska ee Gaarka ah (Individualized Family Service Plan, IFSP) ee Hadda</li> <li>Baariitaanka Caafimaadka ee Ilmaha ee ugu dambeeyay</li> <li>Baariitaanka Ilkaha ee ugu dambeeyay</li> <li>Cadeynta Xubinimada Qabiilka</li> </ul>                                                                                                                                                                                                                                       | <ul style="list-style-type: none"> <li></li> <li></li> <li></li> <li></li> <li></li> </ul>                                                                                                                                           |

- Fadlan xaqiiji inaad cadeyntaada dakhliga kusoo darto. Ma sii wadi karno codsigaaga macluumaadkaan la'aantiis.
- Wac xafiiskeena haddii aad hesho dhukumiintiyada nooc kale ah oo aan halkaan lagu qorin.

**Codsigaaga aad buuxisay iyo dhukumiintiyada kusoo celi:** Xarunta / Cinwaanka Site:

**Kent Family Center - 13111 SE 274th St Kent WA 98030**

**Kent Valley Early Learning Center - 317 4th Ave S Kent WA 98032**

**Xiriirka Information:**

**Kent Family Center - 253 630 9590**

**Kent Valley Early Learning Center - 253 373 7600**



## KYFS Head Start & ECEAP Program Models

Kent Youth & Family Service's Early Learning consists of two Program Models:

- **School-Day** is 6.5 hours per day, Monday - Thursday & some Fridays and requires self-transport.
- **Part-Day** is 3 to 3.5 hours per day, Monday – Bus transportation limited, depending upon the site and class time.

### Which Program Model is your first preference?

Due to limited School-Day openings, we cannot offer first preference to every family. If your child is not selected for a School-Day slot, you may be offered a Part-Day opening and your child can remain on the School-Day waitlist.

Mark preference: \_\_\_\_ School-Day (self-transportation required) \_\_\_\_ Part-Day  
\_\_\_\_ Please keep my child on the School-Day waitlist until an opening occurs.

Bussing needed? Yes \_\_\_\_ No \_\_\_\_

Attends Day Care? Yes \_\_\_\_ No \_\_\_\_ Before School \_\_\_\_ After School \_\_\_\_

Daycare Name: \_\_\_\_\_

Daycare Address: \_\_\_\_\_

Please **initial**:

\_\_\_\_\_ I give permission for the staff to run my child's online WA State Immunization Record

IMPORTANT: After turning in your application - Please let us know if your contact information, class preference, or transportation needs change by calling our main office at: (253) 630-9590.

Summer Office Hours starting July 7th:

If on Kent East Hill & Covington: Kent Family Center 13111 SE 274<sup>th</sup> St, Kent WA 98030 – Open Tuesdays & Wednesdays, call to verify hours, 253-630-9590.

If in downtown Kent & West Hill area: Kent Valley Early Learning Center 317 4<sup>th</sup> Ave S Kent WA 98032 – Open Wednesdays & Thursdays, call to verify hours, 253-373-7600.

#### STAFF ONLY

|                    |  |
|--------------------|--|
| Mapped             |  |
| Spreadsheet        |  |
| ELMS               |  |
| OI/ESE Letter Sent |  |
| Double Checked     |  |
| ESE/ERE Request    |  |

# Codsiga Waxbarashada Hore 2025-2026

## Early Learning Application 2025-2026



|                                   |                 |                       |
|-----------------------------------|-----------------|-----------------------|
| <b>Staff Only - ChildPlus ID:</b> | <b>ELMS ID:</b> | <b>Date Received:</b> |
|-----------------------------------|-----------------|-----------------------|

### Macluumaadka Canuga – Guud | Child Information – General

|                                                                                                |                                                       |
|------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| <b>Magaca Hore</b>   First Name:                                                               | <b>Xarafka Hore ee Magaca Dhexe</b>   Middle Initial: |
| <b>Magaca dambe (yada)</b>   Last Name(s):                                                     | <b>Magaca la door biday</b>   Preferred Name:         |
| <b>Taariikhda Dhalashada (bisha/maalinta/sanadka)</b>   Date of Birth (month/day/year):        |                                                       |
| <b>Jinsiga</b>   Gender: <input type="checkbox"/> Lab   M <input type="checkbox"/> Dhendig   F |                                                       |

|                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Waa maxay afka hooyo ee canugan?</b>   What is this child's home language?                                                                                                                                                                                                                                                                             | <b>Luuqada2 aad</b>   2 <sup>nd</sup> language:                                                                                                                                                                                          |
| <b>Canugani miyuu ku hadlaa</b>   This child speaks: <input type="checkbox"/> Kaliya Ingiriis   Only English <input type="checkbox"/> Badanaa Ingiriisi iyo luuqad kale   Mostly English and another language <input type="checkbox"/> Ingiriisi iyo luuqad kale si isku mid ah (laba luuqadood)   Both English and another language the same (bilingual) | <input type="checkbox"/> * Waxoogaa Ingiriisi ah, laakiin badanaa luuqad kale   *Some English, but mostly another language<br><input type="checkbox"/> * Kaliya Luuqad kale oo aan ahayn Ingiriisi   *Only a language other than English |

|                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Ilmo waa (sax dhammaan inta ku habboon)</b>   Child is (check all that apply):                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                 |
| <input type="checkbox"/> Afrikaan/Ameerikaan Madow/Madow   African/African American/Black<br><input type="checkbox"/> Aasiyaan   Asian<br><input type="checkbox"/> Dhalad Alaska/Ameerikaanka Dhaladka ah/Hindida Ameerikaanka ah   Alaska Native/Native American/American Indian<br><input type="checkbox"/> Hisbaanik/Laatiino   Hispanic/Latino | <input type="checkbox"/> Dhalad Hawaaiyan ama Jasiiradaha Baasifigga   Native Hawaiian or Pacific Islander<br><input type="checkbox"/> Caddaan   White<br><input type="checkbox"/> Diid in aad ka warbixiso   Decline to Report<br><input type="checkbox"/> Liiska kore kuma jiro   Not listed: |
| <b>Waa maxay dhaqanka/qabiilka/waddanka qoyskaagu kasoo jeedaa?</b>   What is your family's heritage/tribe/country of origin?                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                 |
| <b>Staff Only:</b> If this child is applying for ECEAP, and parent has marked Alaska Native/Native American/American Indian, please confirm whether this child is a member or eligible for membership in a Federally recognized tribe.                                                                                                             |                                                                                                                                                                                                                                                                                                 |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                    |
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| <b>Canugan horay ma loogu diinwaangeliyay barnaamijyadan?</b>   Has this child been previously enrolled in these programs                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                    |
| <input type="checkbox"/> Taageerada hore ee dhallaanka iyo socod baradka (ESIT), IDEA Qaybta C, ECLIPSE, Dhalasho-ila-Saddex Faragelin Hore   Early Support for Infants and Toddlers (ESIT), IDEA Part C, ECLIPSE, or any Birth-to-Three Early Intervention<br><input type="checkbox"/> Head Start/Early Head Start/ECEAP/Early ECEAP ee King ama Pierce County, Gobolka Washington, ama barnaamijka PSESD   Head Start/Early Head Start/ECEAP/Early ECEAP in King or Pierce County, Washington State, or a PSESD program | <input type="checkbox"/> Head Start/Early Head Start / ECEAP / Early ECEAP ee gobolka kale ee Washington, ma aha barnaamijka PSESD   Head Start/Early Head Start/ECEAP/Early ECEAP in another Washington State County, not a PSESD program<br><input type="checkbox"/> Barnaamijka Caawinta Soo Galootiga/Caawin Xiliyeedka Hooyada iyo Caruurta (Migrant/Seasonal Head Start) ee meel kasta oo ka mid ah gudaha Gobolka Washington   Migrant/Seasonal Head Start | <input type="checkbox"/> anywhere in Washington State<br><input type="checkbox"/> Diiwaangelinta hore ee is-diiwaangelinta (da'da 3-5)   Previous preschool enrollment (ages 3-5)<br><input type="checkbox"/> Ma jiro diiwaangelin hore oo dugsi-hore ah (da'da 3-5)   No previous preschool enrollment (ages 3-5) |
| <b>Markii ugu danbaysay halkee ayuu dhigan jiray ilmahan?</b>   When did this child last attend?                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Magaca iyo goobta barnaamijka</b>   Name and location of program:                                                                                                                                                                                                                                               |
| <b>Ilmuhu wakhtigan miyuu ku jiraa meel bulsho oo goobtan ah?</b>   Is this child currently enrolled in a community slot at this site?<br><input type="checkbox"/> Haa   Yes <input type="checkbox"/> Maya   No                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                    |
| <b>Ilmahani ma waxa uu la dhashay ilmo kale oo goobtan ku jira?</b>   Is this child a sibling of a child currently enrolled in the program you are applying to?<br><input type="checkbox"/> Haa   Yes <input type="checkbox"/> Maya   No                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                    |



Child's First Name:

Child's Last Name:

Xannaanada Korinta ama Qaraabada | Foster or Kinship Care

Ilmahani miyuu ku jiraa daryeelka korinta rasmiga ah ama daryeelka qaraabada oo leh qaddar deeq ah? | Is this child in official foster care or kinship care with a grant amount? ☐ Haa | Yes ☐ Maya | No

Hadii ay haa tahay, waa maxay Lambarka Kiiska ama Lambarka Aqoonsiga Macmiilku? | If yes, what is the Case Number or Client ID Number?

Waa maxay xadiga deeqda/lacagta bisha iyo meesha ay ka yimaadaan? | What is the monthly grant/payment amount and source? \$

☐ DSHS ☐ SSI  
☐ Qabiil | Tribe  
☐ Wax kale | Other

# tirada ilmaha ee helaya xadiga deeqda | # of children covered by grant amount:

Canugan miyuu ku jiraa daryeelka qaraabada iyadoo aan lacag la siinin? | Is this child in kinship care without a grant amount?

☐ Haa | Yes ☐ Maya | NoCanugani miyaa la korsaday kadib daryeelka korinta ama daryeelka qaraabada ama kuleej ku yaala wadan kale? | Was this child adopted after foster care or kinship care or from orphanage from another country? ☐ Haa | Yes ☐ Maya | NoCanugani miyuu dhowaan dib ula midoobay waalidiintiisa kadib daryeelka korinta ama daryeelka qaraabada? | Was this child recently reunited with their parent(s) after foster care or kinship care? ☐ Haa | Yes ☐ Maya | No

Su'aalaha hoose kaliya macluumaad ayuunbaa loogu talagalay. Jawaabta "Haa" ma saamaynayso u qalmiddaada ama diiwaangelinta barnaamijka. | The questions below are for information only. Answering "Yes" will not affect your eligibility or enrollment in the program.

Qoyskaaga hadda miyuu helaa adeegyo dhanka Adeegyada Ilaalinta Caruurta (Child Protective Services, CPS), Jawaabta Qiimaynta Qoyska (Family Assessment Response, FAR), Ladnaanta Caruurta Hindida (Indian Child Welfare, ICW) ama nidaam dhaqangelin/maxkamad sharciyeed? | Does your family currently receive services/support through Child Protective Services (CPS), Family Assessment Response (FAR), Indian Child Welfare (ICW), comparable tribal services, or law enforcement/court system? ☐ Haa | Yes ☐ Maya | NoCanugaaga horay ma u helay adeegyada CPS/FAR/ICW ama nidaam dhaqangelin/maxkamad sharciyeed? | Has your family received services/support from CPS/FAR/ICW, comparable tribal services, or law enforcement/court system in the past? ☐ Haa | Yes ☐ Maya | No

Qoyskaaga wakhtigan ma loo ansixiyay daryeelka ilmaha ee CPS ama FAR? | Is your family currently approved for childcare through CPS or FAR?

☐ Haa – Imisa saacadood ayaa loo ansixiyay toddobaadkii? | Yes – How many approved hours per week?☐ Maya | NoIlmahan miyaa weligii laga dalbaday inuu ka baxo barnamijyada waxbarashada hore iyadoo ay sabab u tahay mushkilad dhanka habdhaqankiisa ah? | Has this child ever been asked to leave an early learning program because of behavior issues? ☐ Haa | Yes ☐ Maya | No

## Macluumaadka Canuga – Caafimaadka | Child Information – Health

Ilmahani ma leeyahay caymis caafimaad? | Does this child have medical insurance? ☐ Haa | Yes ☐ Maya | NoHaddii ay haa tahay, nooc ee? | ☐ Washington Apple Health/ProviderOne ☐ Caymis Gaar ah | Private Insurance ☐ Mid Qabiil | Tribal ☐ Caymiska Caafimaadka Militariga | Military Medical Coverage

Canugan ma leeyahay dhaqtar ama xarun caafimaad joogto ah? | Does this child have a regular doctor or medical clinic?

☐ Haa - Magaca xarunta/daryeel bixiyaha | Yes - Name of clinic/provider:

Magaca dhaqtarka | Name of medical professional:

☐ Maya | No

Ilmahani ma maray shaybaar caafimaad 12 bilood ee la soo dhaafay? | Did this child have a well-child exam within the last 12 months?

☐ Haa – Taariikhda shaybaarka ee ugu danbeysay (bisha/maalinta/sanadka) | Yes – Date of last exam (month/day/year):☐ Maya | No ☐ Taariikhda lama Garanayo | Date UnknownIlmahani ma leeyahay caymiska caafimaadka ilkaha? | Does this child have dental insurance? ☐ Haa | Yes ☐ Maya | NoHaddii ay haa tahay, nooc ee? | If yes, what type? ☐ Washington Apple Health/ProviderOne ☐ Caymis Gaar ah | Private Insurance ☐ Mid Qabiil | Tribal ☐ ABCD ☐ Caymiska Caafimaadka Militariga | Military Medical Coverage

Ilmahani ma leeyahay dhaqtar daryeelka ilkaha ah ama xarun daryeelka ilkaha? | Does this child have a regular dentist or dental clinic?

☐ oo joogto ah? Haa - Magaca xarunta caafimaadka/bixiyaha | Yes - Name of

Magaca dhaqtarka ilkaha | Name of dental professional:

clinic/provider:

☐ Maya | No

Ilmahani ma maray shaybaarka ilkaha ah 6 bilood ee la soo dhaafay? | Did this child have dental exam within the last 6 months?

☐ Haa – Taariikhda shaybaarka ee ugu danbeysay (bisha/maalinta/sanadka) | Yes – Date of last exam (month/day/year):☐ Maya | No ☐ Taariikhda lama Garanayo | Date Unknown

Child's First Name:

Child's Last Name:

Waa maxay xaalada tallaalka ee canugaaga? | What is your child's immunization status?

☐ Si buuxda ayaa loo tallaalay | Fully immunized ☐ Waa laga cajiya | Exempt ☐ Si buuxda looma tallaalin ama lagama cajiya | Not fully immunized or exempt ☐ Lama hubo | Not sure

Daryeel Bixiye Caafimaad miyaa canugan baaray oo ka helay inuu qabo xaalad caafimaad oo joogto ah (waxaa ka mid noqon kara caafimaadka dhimirka, neef, kansar, sonkorow, suuxdin, xanuunka deganaan la'aanta (Attention deficit hyperactivity disorder, ADHD), Ootiisimka, cilad dhanka laf-dhabarta ah, cilad dhanka unugyada cascas ah, ama xasaasiyad halis ah)? | Does this child have a chronic health condition (may include mental health, asthma, cancer, diabetes, seizures, ADHD, autism, spina bifida, sickle cell disease, or life-threatening allergies)?

☐ Haa – Fadlan sharax | Yes – Please describe:

Xaalada caafimaad waxaa loo tixgeliyaa | The health condition is considered:

☐ Mid daran | Severe ☐ Dhexdhexaad | Moderate ☐ Fudud | Mild☐ Maya | No

Bixiye daryeel caafimaad ma baadhay xaaladan? | Has a Health Care Provider diagnosed this condition? ☐ Haa | Yes ☐ Maya | No

## Información Sobre el Niño – Desarrollo | Child Information - Development

Ma jiraan wax walaac ah oo ku saabsan caafimaadka ilmahan? | Do you have concerns about this child's health?

☐ Haa – Sax dhammaan kuwa ku munaasabka ah | Yes – check all that apply below ☐ Maya | No

☐ Miisaan hoose oo uu ku dhashay (kayar 5.5 lbs/5 lbs 8 wiiyadood) | Low birth weight (less than 5.5 lbs/5 lbs 8 oz.)

☐ Maqalka | Hearing☐ Aragga | Vision

☐ Dhalmo xilli hore ah oo ka yar 37 toddobaad | Preterm birth less than 37 weeks

☐ Xirfad fudud/xirfad adag | Fine motor/gross motor

☐ Saamayn khamri/daroogo | Drug/alcohol affected

☐ Ilko xanuun/suus/cirrid dhiigaya | Tooth pain/decay/bleeding gums

☐ Xasaasiyada cuntada/cunto gaar ah – Fadlan sharax | Food intolerance/special diet – Please describe:

Ilmahani ma leeyaay Qorshaha Waxbarashada Gaarka ah (Individual Education Plan, IEP) oo hadda ah oo shaqaynaya ama Qorshaha Adeega Qoyska ee Gaar ahaaneed (Individual Family Service Plan, IFSP)? | Does this child have a current and active Individual Education Plan (IEP) or Individual Family Service Plan (IFSP)?

☐ Haa – Fadlan noo keen nuqul codsigaaga ah. | Yes – Please provide a copy with your application.☐ Maya – Eeg hadii ay jiraan wax ka mid ah kuwan oo ku haboon | No – Check if any of these apply:

☐ Ilmahaygu wuxuu lahaa qiimayn waxaana la go'aamiyay inuu u qalmo IEP, laakiin waxaan sugaynaa in IEP la soo saaro ama la diido adeegyada. | My child had an evaluation and was determined eligible for an IEP, but we are waiting for IEP to be issued or declined services.

☐ Ilmahaygu waxa uu lahaa IFSP hore laakiin uma gudbin IEP dugsiga degmada. | My child has had an IFSP in the past but did not transition to an IEP with the school district.

☐ Ilmahaygu waxa uu qabaa dib u dhac korniinka ah ama naafonimo ah, ma qabo wax IEP ah, ama waxaa loo gudbiyay qiimayn. | My child has a diagnosed developmental delay or disability, has no IEP, or is being referred for evaluation.

☐ Ilmahayga waxaa looga shakiyay inuu qabo dib u dhac dhanka koritaanka ah ama inuu naafo yahay. | My child has a suspected developmental delay or disability.

☐ Waxaan qabaa walaac ku saabsan koritaanka ilmahayga. | I have concerns about my child's development.

☐ Midna | None

## Macluumaadka Waalidka/Wakiilka | Parent/Guardian Information

Ilmahani wuxuu la nool yahay | This child lives with:

☐ Hal waalid/wakiil (buuxi Waalid/wakiil 1) | One parent/guardian (complete Parent/Guardian 1)

☐ Laba waalid/wakiil oo wada jooga hal guriga (buuxi Waalid/Wakiil 1 & 2) | Two parents/guardians in the same household (complete Parent/Guardian 1 & 2)

☐ Laba waalid/wakiil oo kala jooga laba guri (buuxi Waalid/Wakiil 1 & 2) | Two parents/guardians in two households (complete Parent/Guardian 1 & 2)



Child's First Name:

Child's Last Name:

|                                                                                                                                                                                                             | Waalid/Wakiil 1   Parent/Guardian 1                                                                                                                                                                                                                                                                                                                                          | Waalid/Wakiil 2   Parent/Guardian 2                                                                                                                                                                                                                                                                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Magaca Hore</b>   First Name                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Magaca dambe (yada)</b>   Last Name(s)                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Waxa ilmaha ay isku yihiin</b>   Relationship to child                                                                                                                                                   | <input type="checkbox"/> <b>Dhalay/Korinaya/Aayo ama adeer</b>   Biological/Adopted/Stepparent<br><input type="checkbox"/> <b>Waalidka Koriya</b>   Foster Parent<br><input type="checkbox"/> <b>Awoowe ama Ayeyyo</b>   Grandparent<br><input type="checkbox"/> <b>Eeddo ama Habaryar/Adeer ama Abtri</b>   Aunt/Uncle<br><input type="checkbox"/> <b>Cid Kale</b>   Other: | <input type="checkbox"/> <b>Dhalay/Korinaya/Aayo ama adeer</b>   Biological/Adopted/Stepparent<br><input type="checkbox"/> <b>Waalidka Koriya</b>   Foster Parent<br><input type="checkbox"/> <b>Awoowe ama Ayeyyo</b>   Grandparent<br><input type="checkbox"/> <b>Eeddo ama Habaryar/Adeer ama Abtri</b>   Aunt/Uncle<br><input type="checkbox"/> <b>Cid Kale</b>   Other: |
| <b>Jinsiga</b>   Gender                                                                                                                                                                                     | <input type="checkbox"/> <b>Lab</b>   M <input type="checkbox"/> <b>Dhendig</b>   F <input type="checkbox"/> <b>Lama Sheegin</b>   Not specified                                                                                                                                                                                                                             | <input type="checkbox"/> <b>Lab</b>   M <input type="checkbox"/> <b>Dhendig</b>   F <input type="checkbox"/> <b>Lama Sheegin</b>   Not specified                                                                                                                                                                                                                             |
| <b>Taariikhda Dhalashada (bisha/maalinta/sanad ka)</b>   Date of Birth (month/day/year)                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Cinwaanka (Magaalada, Gobolka, Zip)</b>   Address (include City, State, Zip)                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Taleefanka</b>   Phone                                                                                                                                                                                   | <input type="checkbox"/> <b>Guriga</b>   Home<br><input type="checkbox"/> <b>Moobilka</b>   Cell<br><input type="checkbox"/> <b>Shaqada</b>   Work                                                                                                                                                                                                                           | <input type="checkbox"/> <b>Guriga</b>   Home<br><input type="checkbox"/> <b>Moobilka</b>   Cell<br><input type="checkbox"/> <b>Shaqada</b>   Work                                                                                                                                                                                                                           |
| <b>Lambarka Taleefan Kale</b>   Alternate Phone                                                                                                                                                             | <input type="checkbox"/> <b>Guriga</b>   Home<br><input type="checkbox"/> <b>Moobilka</b>   Cell<br><input type="checkbox"/> <b>Shaqada</b>   Work                                                                                                                                                                                                                           | <input type="checkbox"/> <b>Guriga</b>   Home<br><input type="checkbox"/> <b>Moobilka</b>   Cell<br><input type="checkbox"/> <b>Shaqada</b>   Work                                                                                                                                                                                                                           |
| <b>Iimeyl</b>   Email                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Ma waxaad ka yarayd 18 jir markii ilmahan dhashay?</b>   Were you under age 18 when this child was born?                                                                                                 | <input type="checkbox"/> <b>Haa</b>   Yes <input type="checkbox"/> <b>Maya</b>   No <input type="checkbox"/> <b>Lama sheegi karo</b>   N/A                                                                                                                                                                                                                                   | <input type="checkbox"/> <b>Haa</b>   Yes <input type="checkbox"/> <b>Maya</b>   No <input type="checkbox"/> <b>Lama sheegi karo</b>   N/A                                                                                                                                                                                                                                   |
| <b>Luuqaddee/luuqadahe e ayaad ku hadashaa?</b>   What language(s) do you speak?                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Ma u baahan tahay in luuqadan lagaaga turjumo?</b>   Do you need an interpreter for this language?                                                                                                       | <input type="checkbox"/> <b>Haa</b>   Yes <input type="checkbox"/> <b>Maya</b>   No                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> <b>Haa</b>   Yes <input type="checkbox"/> <b>Maya</b>   No                                                                                                                                                                                                                                                                                          |
| <b>Adiga ama xubnaha qoyskaaga ma leeyihiin ADA ama baahiyo kale oo la geli karo oo aan ku taageeri karno?</b>   Do you or any members of your family have ADA or other accessibility needs we can support? | <input type="checkbox"/> <b>Haa</b>   Yes <input type="checkbox"/> <b>Maya</b>   No                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> <b>Haa</b>   Yes <input type="checkbox"/> <b>Maya</b>   No                                                                                                                                                                                                                                                                                          |



Child's First Name:

Child's Last Name:

|                                                                                                                                 | Waalid/Wakiil 1   Parent/Guardian 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Waalid/Wakiil 2   Parent/Guardian 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Waxaad tahay (sax dhammaan inta ku habboon)   You are (check all that apply):</b>                                            | <input type="checkbox"/> <b>Afrikaan/Ameerikaan Madow/ Madow</b>   African/African American/Black<br><input type="checkbox"/> <b>Aasiyaan</b>   Asian<br><input type="checkbox"/> <b>Dhalad Alaska/Ameerikaanka Dhaladka ah/Hindida</b>   Alaska Native/Native American/American Indian<br><input type="checkbox"/> <b>Hisbaanik/Laatiino</b>   Hispanic/Latino<br><input type="checkbox"/> <b>Ameerikaanka ah Dhalad Hawaaiyan ama Jasiiradaha Baasifigga</b>   Native Hawaiian or Pacific Islander<br><input type="checkbox"/> <b>Caddaan</b>   White<br><input type="checkbox"/> <b>Diid in aad ka warbixiso</b>   Decline to Report<br><input type="checkbox"/> <b>Liiska kore kuma jiro</b>   Not listed above:                                                                                                                                                                                              | <input type="checkbox"/> <b>Afrikaan/Ameerikaan Madow/ Madow</b>   African/African American/Black<br><input type="checkbox"/> <b>Aasiyaan</b>   Asian<br><input type="checkbox"/> <b>Dhalad Alaska/Ameerikaanka Dhaladka ah/Hindida</b>   Alaska Native/Native American/American Indian<br><input type="checkbox"/> <b>Hisbaanik/Laatiino</b>   Hispanic/Latino<br><input type="checkbox"/> <b>Ameerikaanka ah Dhalad Hawaaiyan ama Jasiiradaha Baasifigga</b>   Native Hawaiian or Pacific Islander<br><input type="checkbox"/> <b>Caddaan</b>   White<br><input type="checkbox"/> <b>Diid in aad ka warbixiso</b>   Decline to Report<br><input type="checkbox"/> <b>Liiska kore kuma jiro</b>   Not listed above:                                                                                                                                                                                              |
| <b>Waa maxay heerka waxbarasho ee ugu sarreeya ee aad dhammaysatay?   What is the highest level of education you completed?</b> | <input type="checkbox"/> <b>Fasalka6aad ama ka hooseeya</b>   6 <sup>th</sup> grade or less<br><input type="checkbox"/> <b>Fasalka7aad illaa 12aad , aan haysan diblooma ama shahaadada</b>   7 <sup>th</sup> to 12 <sup>th</sup> grade, no diploma or GED<br><input type="checkbox"/> <b>Shahaadada dugsiga sare</b>   High school diploma<br><input type="checkbox"/> <b>GED</b><br><input type="checkbox"/> <b>Qaar ka mid ah tababar kuleej/horumarsan shahaado</b>   Some college/advanced training<br><input type="checkbox"/> <b>kuleej/xirfadeed shahaadada</b>   College/professional certificate<br><input type="checkbox"/> <b>shahaadada associate</b>   Associate degree<br><input type="checkbox"/> <b>Bajulaar digrii</b>   Bachelor's degree<br><input type="checkbox"/> <b>Digriiga maastarka ama doktoreetka</b>   Master's or doctorate degree<br><input type="checkbox"/> <b>Midna</b>   None | <input type="checkbox"/> <b>Fasalka6aad ama ka hooseeya</b>   6 <sup>th</sup> grade or less<br><input type="checkbox"/> <b>Fasalka7aad illaa 12aad , aan haysan diblooma ama shahaadada</b>   7 <sup>th</sup> to 12 <sup>th</sup> grade, no diploma or GED<br><input type="checkbox"/> <b>Shahaadada dugsiga sare</b>   High school diploma<br><input type="checkbox"/> <b>GED</b><br><input type="checkbox"/> <b>Qaar ka mid ah tababar kuleej/horumarsan shahaado</b>   Some college/advanced training<br><input type="checkbox"/> <b>kuleej/xirfadeed shahaadada</b>   College/professional certificate<br><input type="checkbox"/> <b>shahaadada associate</b>   Associate degree<br><input type="checkbox"/> <b>Bajulaar digrii</b>   Bachelor's degree<br><input type="checkbox"/> <b>Digriiga maastarka ama doktoreetka</b>   Master's or doctorate degree<br><input type="checkbox"/> <b>Midna</b>   None |
| <b>Hadda miyaad shaqaysaa?   Are you currently employed?</b>                                                                    | <input type="checkbox"/> <b>Haa - Imisa saacadood toddobaadkii (oo ay ku jiraan safaradu)?</b>   Yes – How many hours per week (including travel)?<br><b>Magaca iyo lambarka taleefanka loo shaqeeyaha  </b><br>Employer name & phone #:<br><input type="checkbox"/> <b>Maya</b>   No<br><input type="checkbox"/> <b>Maya, hawlgab ama naafo</b>   No, retired or disabled<br><input type="checkbox"/> <b>Xiliyeed</b>   Seasonal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> <b>Haa - Imisa saacadood toddobaadkii (oo ay ku jiraan safaradu)?</b>   Yes – How many hours per week (including travel)?<br><b>Magaca iyo lambarka taleefanka loo shaqeeyaha  </b><br>Employer name & phone #:<br><input type="checkbox"/> <b>Maya</b>   No<br><input type="checkbox"/> <b>Maya, hawlgab ama naafo</b>   No, retired or disabled<br><input type="checkbox"/> <b>Xiliyeed</b>   Seasonal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>Wakhtigan ma waxaad ku jirtaa tababar shaqo ama dugsii?   Are you currently in job training or school?</b>                   | <input type="checkbox"/> <b>Haa - Imisa saacadood toddobaadkii (oo ay ku jiraan wakhtiga fasalada, wakhtiga wax dhigashada, safarka)?</b>   Yes – How many hours per week (including class time, study time, travel)?<br><b>Magaca dugsiga iyo takhasuska/yoolka   School name &amp; major/goal:</b><br><input type="checkbox"/> <b>Maya</b>   No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> <b>Haa - Imisa saacadood toddobaadkii (oo ay ku jiraan wakhtiga fasalada, wakhtiga wax dhigashada, safarka)?</b>   Yes – How many hours per week (including class time, study time, travel)?<br><b>Magaca dugsiga iyo takhasuska/yoolka   School name &amp; major/goal:</b><br><input type="checkbox"/> <b>Maya</b>   No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>Ma waxaad ku jirtaa hawl lagu ansixiyay oo WorkFirst ah?   Are you in an approved WorkFirst activity?</b>                    | <input type="checkbox"/> <b>Haa – Sharax hawsha iyo tirada saacadaha toddobaadkii lagu ansixiyay</b>   Yes – Describe the activity and the number of approved hours per week:<br><input type="checkbox"/> <b>Maya</b>   No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> <b>Haa – Sharax hawsha iyo tirada saacadaha toddobaadkii lagu ansixiyay</b>   Yes – Describe the activity and the number of approved hours per week:<br><input type="checkbox"/> <b>Maya</b>   No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |



Child's First Name:

Child's Last Name:

|                                                                                                                | Waalid/Wakiil 1   Parent/Guardian 1                                                                                                                                                                                                                                                                                                                                                                                 | Waalid/Wakiil 2   Parent/Guardian 2                                                                                                                                                                                                                                                                                                                                                                                 |
|----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Miyaad ku jirtaa ama maku jiri jirtay ciidanka Maraykanka?</b>   Are you or have been in the U.S. military? | <input type="checkbox"/> Haa, xubin wakhtigan shaqaysa   Yes, current service member<br><input type="checkbox"/> Haa, wakhti xaadirkan jiida hore joogta ama hore u joogi jirtey 12 bilood ee lasoo dhaafay/isu gayn 19 bilood   Yes, currently deployed or have been in the last 12 months/for a total of 19 months<br><input type="checkbox"/> Haa, militari   Yes, veteran<br><input type="checkbox"/> Maya   No | <input type="checkbox"/> Haa, xubin wakhtigan shaqaysa   Yes, current service member<br><input type="checkbox"/> Haa, wakhti xaadirkan jiida hore joogta ama hore u joogi jirtey 12 bilood ee lasoo dhaafay/isu gayn 19 bilood   Yes, currently deployed or have been in the last 12 months/for a total of 19 months<br><input type="checkbox"/> Haa, militari   Yes, veteran<br><input type="checkbox"/> Maya   No |

## Tabashada Qoyska | Family Concerns

**Fadlan hubi meelaha welwelka aad ka qabto naftaada/qoyskaada gurigaaga.** | Please check areas of concern that you have for yourself/family in your household.

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Xubinta qoysku waxay leedahay naafo ama waxay leedahay xaalad jireed ama maskaxeed oo joogto ah waana   Household member has a disability or has a chronic physical or mental health condition and is:<br><input type="checkbox"/> Aan awoodin in uu galo shaqo/dugsi/nolosha qoyska   Unable to engage in work/school/family life<br><input type="checkbox"/> Xoogaa awood u leh inuu galo shaqo/dugsi/nolosha qoyska   Somewhat able to engage in work/school/family life<br><input type="checkbox"/> Inta badan awood u leh inuu galo shaqo/dugsi/nolosha qoyska   Mostly able to engage in work/school/family life<br><input type="checkbox"/> El Waalidka/masuulka ilmaha waxa ku adag waxbarashada, wax naafo ah ma laha   Child's parent/guardian has learning difficulties, no disability<br><input type="checkbox"/> Rabshadaha qoyska ee qoyska ( hore ama hadda), oo ay ku jiraan ilmo-galeenka   Household domestic violence (past or current), including <i>in utero</i><br><input type="checkbox"/> Arrimaha maandooriyaha/khamriga guriga ama si xun u isticmaalka mukhaadaraadka ( hore ama hadda), oo ay ku jiraan ilmo-galeenka   Household drug/alcohol issues or substance abuse (past or current), including <i>in utero</i> | <input type="checkbox"/> Qoysku waa go'doon bulsho ahaan, iyada oo aan dhammaystirnayn ama ku dhow yahay xidhiidh la'aan dadka kale   Family is socially isolated, with complete or near-complete lack of contact with others<br><input type="checkbox"/> Walaaca waalidka/masuulka ubadka ee ah helida ama sii haynta shaqada   Child's parent/guardian concern for getting or keeping a job<br><input type="checkbox"/> Qoysku waxay leeyihiin walaac sharci   Family has legal concerns<br><input type="checkbox"/> Ilmuhu wuxuu leeyahay xubin qoyska ka mid ah oo dhiganayay Dugsiga Hoyga ee Native American   Child has a family member who attended Indian Boarding School<br><input type="checkbox"/> Waalidka/masuulka ubadku waa soogalooti ama shaqaale xilliyeed leh wax ka badan kala bar dakhliga qoyska ee ka yimaada shaqada beeraha   Child's parent/guardian is a migrant or seasonal worker with more than half of family income coming from agricultural work | <input type="checkbox"/> Waalidka iyo ubadka waxay u guureen inay galaan dhaqamada soo jireenka ah ama shaqada (xilliyeed ama ku meel gaadh ahaan beeraha ama kalluumaysiga)   Parent and child moved to engage in traditional cultural practices or employment (seasonal or temporary in agricultural or fishing)<br><input type="checkbox"/> Waalidka/masuulka ilmaha waa la xidhay ama waa hore ayay ahaan jireen   Child's parent/guardian is/has been incarcerated<br><input type="checkbox"/> Waayida waalid (dhimasho, ka tagid)   Loss of a parent (death, abandonment)<br><input type="checkbox"/> Waalidiinta/masuulka ilmaha way kala tageen ama kala tageen inta ay nool yihiin   Child's parents/guardians divorced or separated during child's life<br><input type="checkbox"/> Qoysku markii hore guri la'aan ahaa (12-kii bilood ee la soo dhaafay)   Family previously homeless (in the last 12 months)<br><input type="checkbox"/> Qoyska wuxuu ka walaacsan yahay dhanka guri helida   Family concerns with housing<br><input type="checkbox"/> Midna   None |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|



Child's First Name:

Child's Last Name:

**Xaalada Noloshka Qoyska | Family Living Situation**

**Qoyskani ma qaataa kaabista guryaynta, sida foajarka guryaynta ama kaalmo lacageed oo guryaynta ah?** | Does this household receive subsidized housing such as a housing voucher or cash assistance for housing? ☐ **Haa** | Yes ☐ **Maya** | No

**Waa maxay xaaladda guryaynta ee qoyskaaga ee wakhtigani? Sharciga McKinney-Vento waxa uu siiyaa adeegyo iyo kaalmooyin caruurta iyo dhalinyarada ay lasoo daristo darbi-jiifnimo. Jawaabahaagu waxay naga caawin karaan go'aaminta adeegyada uu ilmahaagu u qalmi karo inuu helo.** | What is your family's current housing situation? The McKinney-Vento Act provides services and supports for children and youth experiencing homelessness. Your answers may help us determine the services your child may be eligible to receive.

☐ **Lahaansho** | Own☐ **Kiro** | Rent☐ **Milatari - sugaya guri joogto ah** | Military – waiting for permanent housing☐ **Guri cid kale la jooga ama qoys kale la deggan gurigooda (hoos ka dooro hal doorasho)** | In someone else's house or apartment with another family (select one option below):☐ **Ikhtihaar ahaan (tusaale ahaan, in la wadaago mas'uuliyadaha, in loo dhawaado qoyska, iwm.)** | By choice (e.g., to share responsibilities, to be close to family, etc.)☐ **Ku nool** | In a motel☐ **huteel yar Hoy** | In a shelter☐ **Baabuur, baakin, teendho, ama goob la mid ah** | A car, park, campsite, or similar location☐ **Maadaama oo aan waayay guryayntii, dhaqaalaha oo adkaaday, ama sababo la mid ah** | Due to loss of housing, economic hardship, or similar reason☐ **Guri Ku Meel Gaar ah** | Transitional Housing☐ **Guurguura/marti gelin** | Moving from place to place/couch surfing☐ **Deggan meel aan lahayn adeegyo ku filan (bilaa biyo, kulayl, koronto)** | In a residence with inadequate facilities (no water, heat, electricity)☐ **Wax kale – Fadlan sharax** | Other – Please describe:**Dakhliga Qoyska iyo Cabirka Qoyska | Family Income and Family Size**

**Waalidkaagu/ mas'uulka reerkaaga miyuu si sharci ah ku siinayaa lacagta kaalmada caruurta oo uu sharciyan ku bixiyo guryo kale?** | Does a parent/guardian in your household pay legally binding child support to another household? ☐ **Haa** | Yes ☐ **Maya** | No

**Sax dhamaan kuwa ku munaasabka ah hadii adiga, ilmahan, ama qof kale oo deggan gurigaaga oo aad tihiin qaraabo dhiig, guur, ama korsi uu qaato Kaalmada Dadwaynaha ee noocyadan ah** | Check all that apply if you, this child, or another person living in your home related to you by blood, marriage, or adoption receive these types of Public Assistance:

☐ **SSI Naafonimada waxaa qaadanaya** | SSI for disability received by: ☐ **Canuga** | Child ☐ **Waalidka/Wakiilka** | Parent/Guardian☐ **Qof kale – Xiriirka uu la leeyahay canuga** | Other – Relationship to child:☐ **Lacagta Kaalmada Ku Meel Gaarka ah ee Qoysaska Baahan (Temporary Assistance for Needy Families, TANF)** | Temporary Assistance for Needy Families (TANF) cash☐ **TANF loogu talagalay kaliya canuga** | Child-only TANF☐ **Cuntada aasaasiga ah (SNAP / FAP)** | Basic Food (SNAP/FAP)☐ **WorkFirst**☐ **Deeqda Daryeelka Caruurta ee Xiriirada Shaqada** | Working Connections Child Care subsidy☐ **WIC**☐ **Midna** | None

**Barnaamijkan hay'ad kale miyaa kuu soo tilmaamtay?** | Were you referred to this program by an agency?

☐ **Maya** | No ☐ **Haa** | Yes - Name:

**Sidee ku ogaatay barnaamijkan?** | How did you find out about this program?



Child's First Name:

Child's Last Name:

| Fadlan qor dhammaan dadka ku nool qoyska koowaad ee ilmahan.   Please list all people living in this child's primary household. |                                                                             |                                                       |                                                                                                                                              |                                                                                                                                                                        |
|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Magaca (Koowaad iyo ka Awoowga)<br>  Name (First and Last)                                                                      | Taariikhda Dhalashada (bisha/maalinta/sanadka)   Birthdate (month/day/year) | Waxa ilmaha ay isku yihiin<br>  Relationship to child | Kani ma dhaqaale ahaan ayaa uu kaalmeeyaa waalidka ama mas'uulka ilmaha?   Is this person financially supported by parent/guardian of child? | Qofkani ma wuxuu la xiriiraa waalidka/masuulka ilmaha dhiig, guur, ama korsasho?   Is this person related to parent/guardian of child by blood, marriage, or adoption? |
| Ilmo   Applying Child                                                                                                           |                                                                             | Ilmo   Applying Child                                 | <input type="checkbox"/> Haa   Yes<br><input type="checkbox"/> Maya   No                                                                     | <input type="checkbox"/> Haa   Yes <input type="checkbox"/> Maya   No                                                                                                  |
| Waalidka/Masuulka   Parent/Guardian                                                                                             |                                                                             | Waalidka/Masuulka   Parent/Guardian                   | <input type="checkbox"/> Haa   Yes<br><input type="checkbox"/> Maya   No                                                                     | <input type="checkbox"/> Haa   Yes <input type="checkbox"/> Maya   No                                                                                                  |
| Waalidka/Masuulka   Parent/Guardian                                                                                             |                                                                             | Waalidka/Masuulka   Parent/Guardian                   | <input type="checkbox"/> Haa   Yes<br><input type="checkbox"/> Maya   No                                                                     | <input type="checkbox"/> Haa   Yes <input type="checkbox"/> Maya   No                                                                                                  |
|                                                                                                                                 |                                                                             |                                                       | <input type="checkbox"/> Haa   Yes<br><input type="checkbox"/> Maya   No                                                                     | <input type="checkbox"/> Haa   Yes <input type="checkbox"/> Maya   No                                                                                                  |
|                                                                                                                                 |                                                                             |                                                       | <input type="checkbox"/> Haa   Yes<br><input type="checkbox"/> Maya   No                                                                     | <input type="checkbox"/> Haa   Yes <input type="checkbox"/> Maya   No                                                                                                  |
|                                                                                                                                 |                                                                             |                                                       | <input type="checkbox"/> Haa   Yes<br><input type="checkbox"/> Maya   No                                                                     | <input type="checkbox"/> Haa   Yes <input type="checkbox"/> Maya   No                                                                                                  |
|                                                                                                                                 |                                                                             |                                                       | <input type="checkbox"/> Haa   Yes<br><input type="checkbox"/> Maya   No                                                                     | <input type="checkbox"/> Haa   Yes <input type="checkbox"/> Maya   No                                                                                                  |
|                                                                                                                                 |                                                                             |                                                       | <input type="checkbox"/> Haa   Yes<br><input type="checkbox"/> Maya   No                                                                     | <input type="checkbox"/> Haa   Yes <input type="checkbox"/> Maya   No                                                                                                  |
|                                                                                                                                 |                                                                             |                                                       | <input type="checkbox"/> Haa   Yes<br><input type="checkbox"/> Maya   No                                                                     | <input type="checkbox"/> Haa   Yes <input type="checkbox"/> Maya   No                                                                                                  |
|                                                                                                                                 |                                                                             |                                                       | <input type="checkbox"/> Haa   Yes<br><input type="checkbox"/> Maya   No                                                                     | <input type="checkbox"/> Haa   Yes <input type="checkbox"/> Maya   No                                                                                                  |

Waxaan ballan qaadayaa in macluumaadka ku qoran foomkan uu yahay mid run ah oo sax ah. Waxaan awood u leeyahay inaan qoro ilmahan oo aan ka warbixiyo dhammaan dakhligayga iyo tirada qoyskayga, sida ay rabaan Barnaamijyada Waxbarashada Hore. Haddii aan si badheedh ah u bixiyo macluumaad been ah, waxaan fahamsanahay in qoyskaygu ay awoodi waayaan inay sii wadaan adeegyada barnaamijka. Intaa waxaa dheer, haddii ilmahaygu ka diiwaangashan yahay ECEAP, waxaa laga yaabaa in aan dib u bixiyo lacagta ku baxday ilmahayga.

Waxaan fahamsanahay in macluumaadka laga helo codsigan la gelinayo kaydka macluumaadka Waxbarashada Hore oo kala duwan oo ay maamulaan Waaxda Caruurta, Dhallinyarada, iyo Qoysaska (Department of Children, Youth, and Families, DCYF). DCYF iyo Degmada Adeega Waxbarashada ee (Puget Sound Educational Service District, PSESD) waxaa ka go'an inay ilaaliyaan sirta iyo macluumaadka shakhsi ahaaneed ee sheegi kara haybta canuga ama qoyska. Wax macluumaad ah oo la xidhiidha xaaladda soo galootiga lama galinayo kaydka ama lalama wadaagayo hay'adaha federaalka ah ama gobolka. Macluumaadka la geliyo kaydka macluumaadka waxaa loo adeegsan karaa kuwa soo socda:

- Daraasado cilmi-baariseed si loo ogaado haddii ka qaybgalidda Waxbarashada Hore ay caawinayso nolosha dambe ee ilmaha.
- Si loo caddeeyo Gobolka Washington in qaar ka mid ah lacagtiisa ku bixiyo barnaamijyada qoysaska, kuwaas oo looga baahan yahay in dawladda federaalka laga helo lacagta barnaamijka Caawimaada Ku Meel Gaarka ah ee Qoysaska Baahan (Temporary Assistance for Needy Families).

I promise that the information on this form is true and correct. I have authority to enroll this child and will report all my income and family size, as required by the Early Learning Programs. If I knowingly provide false information, I understand my family may be unable to continue program services. Additionally, if my child is enrolled in ECEAP, I may have to repay the amount spent on my child.

I understand that information from this application is entered in various Early Learning databases operated by the Department of Children, Youth, and Families (DCYF) and Puget Sound Educational Service District (PSESD). DCYF and PSESD are committed to protecting confidential and personal information that could identify a child or family. No information related to immigration status is entered in the databases or shared with state or federal agencies. Information in the databases may be used for the following:

- Research studies to determine if participating in Early Learning helps children later in life.
- To prove Washington State spends some of their own dollars on programs for families, which is required to receive Temporary Assistance for Needy Families dollars from the federal government.



Saxiixa Waalidka/Wakiilka | Parent/Guardian Signature \_\_\_\_\_ Taariikhda | Date \_\_\_\_\_  
(ECEAP Staff: Enter this date in ELMS)

**\*Staff Only – If not signed, complete below. Parent signature must be obtained as soon as possible, or no later than the enrollment visit.**

**Reviewed and received verbal verification on (date):**

**Staff Initials:**

(ECEAP Staff: Enter this date in ELMS if not signed – you cannot update this once the ELMS application is locked)

