



Child Development Home Enrollment Application

(Please print or type clearly)

Application Date	Official Use Only
Age Group (select one) <input type="checkbox"/> 6 weeks – 12 months <input type="checkbox"/> 13 -24 months <input type="checkbox"/> 24-36 months	Date received: Received by: Date enrolled: CP ID:
Eligible Program (select one) <input type="checkbox"/> Early Head Start <input type="checkbox"/> Private	Termination date: Provider:

Section I - Child to Be Enrolled

First Name	Middle Name	Last Name	Preferred Name
Date of Birth (month/day/year)	Weeks Premature (Put "0" if not Premature)	Gender ___Male___Female	
Race <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other: _____	Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No	English Proficiency <input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient	Other Language & Proficiency <input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient
Primary Health Coverage (Select one)			
<input type="checkbox"/> Children's Health Insurance Program (CHIP) <input type="checkbox"/> Combined Medicaid/ CHIP <input type="checkbox"/> Private Health Insurance <input type="checkbox"/> State-Only Funded Insurance <input type="checkbox"/> Medicaid <input type="checkbox"/> No Insurance <input type="checkbox"/> Other: _____			
Do you have any concerns about your child or children's development? If yes, please explain. _____ _____			

Section II – Parent/Guardian 1 (lives with child)

First Name	Middle Name	Last Name	Preferred Name	
Date of Birth (month/day/year)	Gender ___Male___Female	Teen Parent (yes/no)	Provides Financial Support (yes/no)	
Race <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other: _____	Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No	English Proficiency <input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient	Other Language & Proficiency <input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient	
Highest Grade Completed	Employment Status	Child's Relationship	Custody	Check all that apply
<input type="checkbox"/> Master's <input type="checkbox"/> HS graduate <input type="checkbox"/> Bachelor's <input type="checkbox"/> GED <input type="checkbox"/> Associate's <input type="checkbox"/> Grade 12 <input type="checkbox"/> College <input type="checkbox"/> Grade 11 Degree/Certificate <input type="checkbox"/> Grade 10 <input type="checkbox"/> College or <input type="checkbox"/> Grade 9 Advanced Training <input type="checkbox"/> < Grade 9	<input type="checkbox"/> Full Time <input type="checkbox"/> Full Time & Training. <input type="checkbox"/> Part Time <input type="checkbox"/> Part Time & Training <input type="checkbox"/> Seasonal <input type="checkbox"/> Training or School <input type="checkbox"/> Unemployed <input type="checkbox"/> Active Military <input type="checkbox"/> Retired or Disabled	<input type="checkbox"/> Natural/Adopted <input type="checkbox"/> Step <input type="checkbox"/> Grandchild <input type="checkbox"/> Niece/Nephew <input type="checkbox"/> Foster <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Teen Parent <input type="checkbox"/> Military <input type="checkbox"/> Homeless

Contact Information - Parent/Guardian 1

Living Address (1 or 2 lines for number, street and apartment)		Mailing Address (only if different than Living Address)	
City, State, Zip		WARD #	
City, State, Zip		WARD #	
Home Phone	Work Phone	Mobile Phone	Email Address
- -	- -	- -	

Section III – Parent/Guardian 2 (lives with child? Yes No)

First Name		Middle Name		Last Name		Preferred Name					
Date of Birth (month/day/year)		Gender Male Female		Provides Financial Support (yes/no)							
Race				Hispanic		English Proficiency		Other Language & Proficiency			
<input type="checkbox"/> Asian		<input type="checkbox"/> American Indian/Alaska Native		<input type="checkbox"/> Yes		<input type="checkbox"/> None		_____			
<input type="checkbox"/> Black		<input type="checkbox"/> Hawaiian/Pacific Islander		<input type="checkbox"/> No		<input type="checkbox"/> Little		<input type="checkbox"/> Poor			
<input type="checkbox"/> White		<input type="checkbox"/> Multi-Racial				<input type="checkbox"/> Moderate		<input type="checkbox"/> Moderate			
<input type="checkbox"/> Other: _____						<input type="checkbox"/> Proficient		<input type="checkbox"/> Proficient			
Highest Grade Completed			Employment Status			Child's Relationship		Custody		Check all that apply	
<input type="checkbox"/> Master's		<input type="checkbox"/> HS graduate		<input type="checkbox"/> Full Time		<input type="checkbox"/> Full Time & Training.		<input type="checkbox"/> Yes		<input type="checkbox"/> Single	
<input type="checkbox"/> Bachelor's		<input type="checkbox"/> GED		<input type="checkbox"/> Part Time		<input type="checkbox"/> Part Time & Training		<input type="checkbox"/> No		<input type="checkbox"/> Married	
<input type="checkbox"/> Associate's		<input type="checkbox"/> Grade 12		<input type="checkbox"/> Seasonal		<input type="checkbox"/> Training or School				<input type="checkbox"/> Separated	
<input type="checkbox"/> College Degree/Certificate		<input type="checkbox"/> Grade 11		<input type="checkbox"/> Unemployed		<input type="checkbox"/> Active Military				<input type="checkbox"/> Divorced	
<input type="checkbox"/> College or Advanced Training		<input type="checkbox"/> Grade 10				<input type="checkbox"/> Retired or Disabled				<input type="checkbox"/> Teen Parent	
		<input type="checkbox"/> Grade 9								<input type="checkbox"/> Military	
		<input type="checkbox"/> < Grade 9								<input type="checkbox"/> Homeless	

Contact Information - Parent/Guardian 2

Living Address (1 or 2 lines for number, street and apartment)				Mailing Address (only if different than Living Address)			
City, State, Zip			WARD #	City, State, Zip			WARD #
Home Phone - -		Work Phone - -		Mobile Phone - -		Email Address	

Section IV – Family/Household Information

Child lives with ___ No Parent ___ One Parent/Guardian ___ Two Parents/Guardian		How many <u>family members</u> are living with child? ____ (such as uncle/aunt, parent, guardian, grandparents, etc.)		How many <u>children</u> under the age of 18 are living in the Household? ____ Total Children Ages Birth to 18 ____ Number of Children Ages Birth to 3 ____ Number of Children Ages 3 to 5	
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List Family Members (do not include parent/guardian and child listed above)

Name	Relationship to Child	Date of Birth (month/day/year)	School/Current Grade or Occupation	Living with Family? (y/n)	Provides Financial Support? (y/n)

Section V – Government Funding Information: Please indicate which of the following services your family already receives.

<input type="checkbox"/> Medical financial assistance (i.e. Medicaid/Medicare/Chartered) Insurance Provider and #: _____	<input type="checkbox"/> Unemployment Insurance
<input type="checkbox"/> Public assistance (i.e. TANF)	<input type="checkbox"/> Public Housing Assistance
<input type="checkbox"/> Food Stamps (SNAP: Supplemental Nutrition Assistance Program)	<input type="checkbox"/> Energy Program Assistance
<input type="checkbox"/> Women, Infants, & Children (WIC)	<input type="checkbox"/> Child support/alimony
<input type="checkbox"/> Supplemental Security Income (SSI)	<input type="checkbox"/> OSSE Voucher
<input type="checkbox"/> Foster care/Adoption subsidy	<input type="checkbox"/> Other/Specify _____

Section VI- Certification

I certify that this information is true. If any part is false, my participation in this agency's programs may be terminated. I also understand that the information in this application will be held in strict confidence within OSSE and the child development home and is accessible to me during normal business hours.

Print Name (Parent/Guardian)

Signature

Date



DISTRICT OF COLUMBIA
OFFICE OF THE STATE SUPERINTENDENT OF

EDUCATION

Family Participation and Release of Information Agreement

The District of Columbia's Office of the State Superintendent of Education's (OSSE) launched the Early Learning Quality Improvement Network (QIN) in 2015 to improve the quality of care for infants and toddlers in the District. The purpose of the QIN is to expand access to quality early learning for more infants and toddlers by providing continuous care and education that enhances the physical, social, emotional and intellectual development of young children.

Ms.P's Family & Child Services is a part of the QIN. Each child development home in the QIN is supported by a neighborhood-based hub. Easterseals is the hub supporting **Ms.P's Family & Child Services**

Benefits for children and families:

- Infants and toddlers receive care that is nurturing and responsive to their needs.
- Families are linked to comprehensive supports and services at the child care site.
- Children and families will receive continuous, intensive and comprehensive child development and family support services.

By signing this form you are also authorizing **Ms.P's Family & Child Services** to release your child(ren) and family's records to Easterseals and OSSE, as necessary.

Child Development Home: _____

PRINT Parent/Guardian Name: _____

E-mail: _____ Daytime Phone: _____

_____ I would like to participate in the Quality Improvement Network initiative, and authorize my provider to release information about my child to the new hub staff.

_____ I **DO NOT** want to continue participating in the Quality Improvement Network initiative.

Child Name: _____ DOB: _____

Parent/Guardian Name: _____ Date: _____
[Signature]

Provider's Name: _____ Date: _____
[Signature]

QIN Staff Name: _____ Date: _____
[Signature]



Quality Improvement Network

Improving Early Learning Across Washington, DC



Child's Name: _____ DOB _____ Sibling: Yes No
Determination Date: _____ Enrollment Year: _____

1. Family Name: _____ Number in Family: _____

2. Child meets age requirement for classroom. Yes No

3. Income Qualification: (choose one below) 1305.6 (b)(ii)

SSI/SSDI- Any Head Start Household Member 100

TANF - Head Start Act 645 (B)(iii) Training/Employed 100

Foster Care 100

Homeless/Shelter - HS Act 645. (B)(i) 100

Income meets 100% or below Guideline HS Act 645.(B)(I) 10

Income meets 101% to 130% Guideline HS Act 645. (B) (iii) (II) 5

***SSI, TANF, and Foster Care children automatically qualify as low-income applicants and are eligible for the program (1305.2 -L). Homelessness automatically qualifies for program (Improving HS for School Readiness Act 2007)**

SELECTION CRITERIA

Available Points	Income Qualification (Points from above)	Check all that apply
50	HIGH RISK	
(5)	• Teen Parent	<input type="checkbox"/>
(5)	• Incarcerated Parent	<input type="checkbox"/>
(5)	• Substance Abuse/Addiction/Domestic Violence	<input type="checkbox"/>
(5)	• Child Abuse/Child Service involved 1305.6(b)	<input type="checkbox"/>
(5)	• Parental Loss by Death	<input type="checkbox"/>
(5)	• Chronic Illness/Health Impairment	<input type="checkbox"/>
(5)	• Mental Health Concern	<input type="checkbox"/>
(5)	• Immigrant	<input type="checkbox"/>
(5)	• Military Family	<input type="checkbox"/>
(5)	• Guardianship: <input type="checkbox"/> Single Parent <input type="checkbox"/> Temporary Custody <input type="checkbox"/> Grandparent <input type="checkbox"/> Other: _____	<input type="checkbox"/>
25	Disability with IEP and/or IFSP 1305.6 (c)	<input type="checkbox"/>
20	Pregnant mom	<input type="checkbox"/>
10	• Children previously enrolled in another Early Head Start/Head Start Program	<input type="checkbox"/>
10	• Sibling of current children enrolled in Early Head Start/Head Start Program	<input type="checkbox"/>
10	Live in Ward of site to which you are applying	<input type="checkbox"/>
TOTAL NUMBER OF POINTS		

Completed by: _____ Date Completed: _____ CD Initial: _____

ASQ-3 Parent Consent Form

Dear Parents/Guardians,

As part of my curriculum planning, **Ms.P's Family & Child Services** will be using the Ages and Stages Questionnaire-Third Edition (ASQ-3), which is a short screening tool that helps me learn about your child's development. The ASQ-3 distinguishes developmental areas a child may excel in and areas that may need a little extra support. With your permission and participation, I will use the data I collect to plan daily activities to ensure your child's unique needs are met. I will share the results with you and if your child needs additional support, I will send you suggestions of activities you can do with them at home. If there is a need for extra assessment, I will inform you about services offered in DC through the Strong Start Early Intervention Program.

Please read the consent form below and mark the desired option to indicated whether you and your child will participate in the screening/monitoring of your child's development. If you have any questions, please ask me!

Sincerely,

_____, director of _____

Parent ASQ-3 CONSENT FORM

I **agree** to allow my child to participate in the Ages and Stages Questionnaires, Third Edition developmental screening. I have read the information provided about the ASQ-3, and I will promptly respond to follow up actions required for further assessment of my child, if needed.

I do **not** wish to participate in the Ages and Stages Questionnaires, Third Edition developmental screening. I have read the provided information about the ASQ-3, and understand the purpose of the program.

Parent/Guardians Signature

Date

Child's full name: _____

Child's date of birth: _____

of weeks, premature (if the child was born 3 or more weeks prematurely): _____