

Early Childhood Education and Assistance Program (ECEAP)  
**Child Enrollment Form**  
**Foomka Dugsi ku Qoridda Carruurta**

**Double-Boxed Areas are for  
Program Staff Use Only**

**Macluumaadka Carruurta**

- Magaca dambe ee carruurta: Magaca Dambe: \_\_\_\_\_ Magaca Hore: \_\_\_\_\_ Magaca Dhexe: \_\_\_\_\_
- Taariikhda dhalashada carruurta (*bisha/maalinta/sanadka*): \_\_\_\_/\_\_\_\_/\_\_\_\_ 3. Nooca:  Dheddig  Lab
- Cinwaanka Guriga: \_\_\_\_\_ Magaalada: \_\_\_\_\_ Gobolka: \_\_\_\_\_ Lambarka Xaafadda: \_\_\_\_\_
- Cinwaanka Waraaqaha Laguugu Soo Diro: \_\_\_\_\_ Magaalada: \_\_\_\_\_ Gobolka: \_\_\_\_\_ Lambarka Xaafadda: \_\_\_\_\_
- Degmada: \_\_\_\_\_ 7. Degmada Dugsiga (*haddii la yaqaan*): \_\_\_\_\_
- Taleefanka maalintii: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Teleefanka habeenkii: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_
- Carruurta asalkooda miyaa Isbaanish/Laatiin (*laga maarmo*):  Haa  Maya *Su'aashan waxaa ay ku saabsan tahay jinsiyadda, ee ma aha qoloda. Fadlan sidoo kale ka jawaab su'aasha #10 adigoo sameynaya sanduuq ama laba ee aad ku tilmaamaysid waxa aad is leedahay waa qolada carruurta.*
- Qolada (*laga maarmo*):  Caddaan  Hindida Mareykanka ama Dhaladka Alaska  Madow ama Mareykan Madow  
 Aasiyaan  Dhaladka Hawaii/Jasiiradaha Basiifikada  Wax Kale: \_\_\_\_\_
- Luqadda aqalka looga hadlo: Luqadda Koowaad: \_\_\_\_\_ Luqadda Labaad: \_\_\_\_\_
- Carruurta waxaa uu qabaa Qorshaha Waxbarashada (IEP):  *Haddii la calaameeyey, degmada dugsiga: \_\_\_\_\_*
- Reerka waxaa uu carruurta u helaa Gargaarka Daryeelka Xanaanada ee DSHS:  Haa  Maya
- Carruurta waa gurilaawe sida waafaqsan Sharciiga McKinney-Vento Act:  Haa  Maya (*Eeg ECEAP Heerka Waxqabadka B-7 si aad macluumaad dheeraad ah u heshid.*)
- Carruurta waxaa ay la nool yihiin (*mid calaameey*):  
 Waalid mid ah\* (*kiis wada qaybsasho ah, isticmaal waalidka qaata masruufka carruurta*)  
 Laba waalid\*  
*\*Waalidka waa kan dhalay, waalidka haysta, waalidka koriya, Ilaaliyaha Sharciyeesan, ama qof kale sharci ahaan ka mas'uulka ah daryeelka carruurta.*  
 Wax Kale: \_\_\_\_\_ (*fadlan caddeey*)

**Macluumaadka Waalidka**

16. Magaca (Hore, Koowaad, DHEXE):	_____	_____
17. Nooca:	<input type="checkbox"/> Dheddig <input type="checkbox"/> Lab	<input type="checkbox"/> Dheddig <input type="checkbox"/> Lab
18. Xiriirka kala dhaxeeya carruurta:	<input type="checkbox"/> Waalidka (dhalay/korsaday) <input type="checkbox"/> Waalidka (ee ay waalidka kale is qabaan) <input type="checkbox"/> Awoowe/Ayeeyo <input type="checkbox"/> Waalidka koriya ( <i>haddii jawaabtu ay haa tahay, u gudub su'aasha #30</i> ) <input type="checkbox"/> Qaraabo kale: _____ <input type="checkbox"/> Ilaaliyaha sharciyeesan ee kale	<input type="checkbox"/> Waalidka (dhalay/korsaday) <input type="checkbox"/> Waalidka (ee ay waalidka kale is qabaan) <input type="checkbox"/> Awoowe/Ayeeyo <input type="checkbox"/> Waalidka koriya ( <i>haddii jawaabtu ay haa tahay, u gudub su'aasha #30</i> ) <input type="checkbox"/> Qaraabo kale: _____ <input type="checkbox"/> Ilaaliyaha sharciyeesan ee kale
19. Da'da:	<input type="checkbox"/> Ka yar 18 <input type="checkbox"/> 36-45 <input type="checkbox"/> 18-24 <input type="checkbox"/> 46-55 <input type="checkbox"/> 25-35 <input type="checkbox"/> Ka weyn 55	<input type="checkbox"/> Ka yar 18 <input type="checkbox"/> 36-45 <input type="checkbox"/> 18-24 <input type="checkbox"/> 46-55 <input type="checkbox"/> 25-35 <input type="checkbox"/> Ka weyn 55
20. Heerka waxbarasho:	<input type="checkbox"/> Fasalka 6-aad ama ka yar <input type="checkbox"/> In yar jaamacad ah <input type="checkbox"/> Inta u dhaxeysa fasallada 7-9-aad <input type="checkbox"/> Shahaadada 2-da sano <input type="checkbox"/> Inta u dhaxeysa fasallada 10-12-aad <input type="checkbox"/> Shahaadada 4-da sano <input type="checkbox"/> Shahaadada Dugsiga Sare <input type="checkbox"/> Wax Kale _____ <input type="checkbox"/> GED	<input type="checkbox"/> Fasalka 6-aad ama ka yar <input type="checkbox"/> In yar jaamacad ah <input type="checkbox"/> Inta u dhaxeysa fasallada 7-9-aad <input type="checkbox"/> Shahaadada 2-da sano <input type="checkbox"/> Inta u dhaxeysa fasallada 10-12-aad <input type="checkbox"/> Shahaadada 4-da sano <input type="checkbox"/> Shahaadada Dugsiga Sare <input type="checkbox"/> Wax Kale _____ <input type="checkbox"/> GED
21. Waxaad calaameysaa waxbarasho ama tababar haatan ku jirtid ( <i>waxaad calaameysaa dhammaan inta ay quseyso</i> ):	<input type="checkbox"/> ESL <input type="checkbox"/> Dhammeystirka dugsiga sare <input type="checkbox"/> GED <input type="checkbox"/> Even Start <input type="checkbox"/> Barnaamijka tababarka xirfadda <input type="checkbox"/> Wax Kale _____ <input type="checkbox"/> Jaamacad <input type="checkbox"/> Midna	<input type="checkbox"/> ESL <input type="checkbox"/> Dhammeystirka dugsiga sare <input type="checkbox"/> GED <input type="checkbox"/> Even Start <input type="checkbox"/> Barnaamijka tababarka xirfadda <input type="checkbox"/> Wax Kale _____ <input type="checkbox"/> Jaamacad <input type="checkbox"/> Midna
22. Heerka shaqada:	<input type="checkbox"/> Shaqo Dhammeystiran <input type="checkbox"/> Shaqo doon <input type="checkbox"/> Shaqo Qayb ah <input type="checkbox"/> Shaqo aan doonaynin	<input type="checkbox"/> Shaqo Dhammeystiran <input type="checkbox"/> Shaqo doon <input type="checkbox"/> Shaqo Qayb ah <input type="checkbox"/> Shaqo aan doonaynin
23. Shaqaalaha beeraleyda ee soo haajira:	<input type="checkbox"/> Haa <input type="checkbox"/> Maya	<input type="checkbox"/> Haa <input type="checkbox"/> Maya
24. Waalidka waxaa uu ku jiraa caymiska caafimaadka/ilkaha ( <i>waxaad calaameysaa dhammaan inta ay quseyso</i> ):	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Washington Basic Health Plan <input type="checkbox"/> Washington Basic Health Plan Plus <input type="checkbox"/> Caymiska caafimaadka gaarka/shaqada <input type="checkbox"/> Caymiska ilkaha gaarka/shaqada <input type="checkbox"/> Ma jiro caymiska caafimaadka <input type="checkbox"/> Ma jiro caymiska ilkaha <input type="checkbox"/> Wax Kale	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Washington Basic Health Plan <input type="checkbox"/> Washington Basic Health Plan Plus <input type="checkbox"/> Caymiska caafimaadka gaarka/shaqada <input type="checkbox"/> Caymiska ilkaha gaarka/shaqada <input type="checkbox"/> Ma jiro caymiska caafimaadka <input type="checkbox"/> Ma jiro caymiska ilkaha <input type="checkbox"/> Wax Kale
25. Waalidka waxaa uu leeyahay dhakhtarka caafimaadka hore/hoy caafimaad:	<input type="checkbox"/> Haa <input type="checkbox"/> Maya	<input type="checkbox"/> Haa <input type="checkbox"/> Maya

**ECEAP Foomka Dugsi ku Qoridda Carruurta (Sii socda)**

**Maacluumaadka Reerka**

26. Tirada Reerka: \_\_\_\_\_ (Eeg ECEAP Heerka Waxqabadka B-5 si aad macluumaad dheeraad ah u heshid.)
27. U qalmidda waxaa ay ku saleysan tahay dakhliga (mid calaameey, ama waxaad u gudubtaa su'aasha #28 haddii uu reerka dakhligiisa xadka ka badan yahay):  
 (Waxaad xisaabisaa dhammaan dakhliga oo idil sida ku taxan Heerka Waxqabadka B-5 ee ECEAP)  
 Dakhliga sannadkii ama 12-kii bilood ee hore: \$ \_\_\_\_\_  
 Dakhliga haata/bishii la soo dhaafay.\* \$ \_\_\_\_\_  
 (\*Waa in loo isticmaalaa xaaladaha gaarka ah oo kaliya, sida ku cad Heerka Waxqabadka B-2 ECEAP.)
28. Dakhliga reerka xadka ayuu ka badan yahay. Dakhliga sannadkii ama 12-kii bilood ee hore: \$ \_\_\_\_\_  
 Tilmaamaha Fakhriga ee Dawladda Dhexe (FPG): \_\_\_\_\_ %  
 U qalmidda waxaa ay ku saleysan tahay (mid calaameey):  
 Arrimaha la xiriira bey'adda  
 Arrimaha horumarka la xiriira
29. Asalka dakhliga (calaameey dhammaan inta ay quseyso):  
 Mushaharka  Masruufka carruurta  Hawlgabka, iyo/ama Sooshal Sakuuritiga  
 Supplemental Security Income (SSI) (Dakhliga Badbaadada ee Dheeraadka ah)  Gargaarka shaqo la'aanta  Masruufka xaaska  
 Gargaarka Lacagta TANF  Wax Kale: \_\_\_\_\_
30. Waxaa uu reerka helaa adeegyada bulshada ee soo socda (waxaad calaameysaa dhammaan inta ay quseyso):  
 Barnaamijka Gargaarka Cuntada  WIC  Gargaarka korontada/gaaska  Adeegyada gurilaawaha  
 Xarumaha cuntada  Gargaarka guriga  Barnaamijyada deegaanka ee kale (fadlan caddeey): \_\_\_\_\_

**Maacluumaadka Caymiska Caafimaadka/Ilkaha ee Carruurta**

31. Waxaa uu carruurta ku jiraa mid ka mid ah caymisyada caafimaadka iyo/ama barnaamijyada caafimaadka carruurta (calaameey dhammaan inta ay quseyso):  
 Medicaid  Washington Basic Health Plan  Caymiska caafimaadka gaarka ah  
 Children's Health Insurance Program (CHIP)  Washington Basic Health Plan Plus  Ma jiro caymiska caafimaadka  Wax Kale
32. Waxaa uu carruurta ku jiraa mid ka mid ah caymisyada ilkaha iyo/ama barnaamijyada caafimaadka ilkaha (calaameey dhammaan inta ay quseyso):  
 Medicaid, Washington Basic Health Plan Plus, ama Children's Health Insurance Program (CHIP) (Barnaamijyadan caafimaadka waxaa ku jira caymiska ilkaha.)  
 Caymiska ilkaha gaarka ah  Ma jiro caymiska ilkaha  Wax Kale
33. Carruurta waxaa uu leeyahay dhakhtarka caafimaadka hore/hoy caafimaad:  Haa  Maya

34. Taariikhda ugu dambeysay baaritaanka caafimaadka (wixii ka horreeyey maalinta carruurta dugsiga ugu horreysay): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

If date of last medical exam was completed over one year ago or left blank, provide date medical exam completed while in ECEAP (must be completed within 90 days of the child's first day in class): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

35. Taariikhda ugu dambeysay baaritaanka caafimaadka ilkaha (wixii ka horreeyey maalinta carruurta dugsiga ugu horreysay): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

If date of last dental exam was completed over six months ago or left blank, provide date dental exam completed while in ECEAP (must be completed within 90 days of the child's first day in class): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

36. Carruurta waxaa u dhammeystay tallaalkada oo idil sida waafaqsan Jadwalka Tallaalka ee DOH:  Haa  Maya

a) If child is not fully immunized at time of enrollment, an immunization schedule is in progress:  Yes  No  
 b) If child is not immunized, a DOH required Statement of Exemption to Immunization Law is signed and on file:  Yes  No  
 c) Date child became fully immunized while in ECEAP: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Waxaan fahansanahay in qaar ama dhammaan macluumaadkan ay tahay in loo gudbiyo hay'adaha kale ee gobolka iyo in loo gudbin karo shirkadaha baaritaanka ee aan dawlaga ahayn ee qandaraas kula jira Qaybta Waxbarashada Hore. Macluumaadkan waxaa uu ahaanayaa mid qarsoodi ah sida waafaqsan sharciyada gobolka iyo dawladda dhexe.

Waxaan caddeynayaa in macluumaadka aan foomkan ku bixiyey ay sax yihiin:

37. \_\_\_\_\_ Saxiixa waalidka \_\_\_\_\_ Taariikhda

38. \_\_\_\_\_ Saxiixa qofka xaqiijiyey dakhliga/go'aamiyey u qalmidda \_\_\_\_\_ Taariikhda

**Enrollment Information:**

39. Enrollment date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (Date when enrollment process is confirmed and slot is reserved.)

40. Did child receive ECEAP services in the previous year:  Yes  No

41. Has child received ECEAP services from another contractor this program year:  Yes  No If yes, what city? \_\_\_\_\_

42. Child will be transported by ECEAP:  One way  Both ways  Not transported by ECEAP

43. Site code: \_\_\_\_\_ First day in class: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Exit date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Transfers/Returns:** (To be used when child transfers from another ECEAP site, or exits the program and returns during the same program year.)

44.  Transfer/ Return Site code: \_\_\_\_\_ First day in class: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Exit date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

45.  Transfer/ Return Site code: \_\_\_\_\_ First day in class: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Exit date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Comments to State ECEAP Office:** \_\_\_\_\_

**Form type:**  New enrollment  Update medical-dental  Update transfer or return  Notify that child exited