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Preschool Promise
Oregon Department of Early Learning and Care

2025-2027 Preschool Promise Application

CHILD INFORMATION

First Name: _____ Middle Name: _____ Last Name: _____

Date of Birth: _____ Gender: ☐ Male ☐ Female ☐ X _____

WHAT IS YOUR CHILD'S PRIMARY LANGUAGE?

☐ English ☐ Spanish ☐ Russian ☐ Vietnamese ☐ Chinese ☐ Other _____

WHAT LANGUAGE(S) DO YOU SPEAK AT HOME?

☐ English ☐ Spanish ☐ Russian ☐ Vietnamese ☐ Chinese ☐ Other _____

CHILD'S RACE AND ETHNICITY:

American Indian or Alaska Native

☐	American Indian
☐	Alaska Native
☐	Canadian Inuit, Metis, or First Nation
☐	Indigenous Mexican, Central American, or South American

Native Hawaiian or Pacific Islander

☐	Guamanian or Chamorro
☐	Micronesian
☐	Native Hawaiian
☐	Samoan
☐	Tongan
☐	Other Pacific Islander

Middle Eastern/Northern African

☐	North African
☐	Middle Eastern

Asian

☐	Asian Indian
☐	Chinese
☐	Filipino/a
☐	Hmong
☐	Japanese
☐	Korean
☐	Laotian
☐	South Asian
☐	Vietnamese
☐	Other Asian

Hispanic or Latino/a

☐	Hispanic or Latino/a Central American
☐	Hispanic or Latino/a Mexican
☐	Hispanic or Latino/a South American
☐	Other Hispanic or Latino/a

Black or African American

☐	African American
☐	African (Black)
☐	Caribbean (Black)
☐	Other Black

White

☐	Eastern European
☐	Slavic
☐	Western European
☐	White/Caucasian
☐	Other White

Other Categories

☐	Other:
☐	Don't know/Unknown
☐	Decline/Don't want to answer

Is your child currently enrolled in a child care/preschool program? ☐ Yes ☐ No

If yes, list the name of the program? _____

Is this child in a state approved foster care placement? ☐ Yes ☐ No

Does your child receive special education services, have an Individual Family Service Plan (IFSP), working with Early Intervention (EI), or Early Childhood Special Education (ECSE) to support your child's development? ☐ Yes ☐ No

Does your child require any of the following specialized supports (answer does not impact eligibility)?

Behavioral	Health	Mental Health	Nutrition
☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

If yes, list any health partners, ECSE specialists, or other providers you would like us to know about:

_____

How many people live in your household? _____

Is your family currently facing any of the following living situations: living in a shelter, staying in a motel or campground due to a lack of adequate housing, residing in a car, park, abandoned building, or bus/train station, double up (staying) with others due to housing loss or financial difficulties or Lacking a fixed, regular, and adequate place to stay at night?

☐ Yes ☐ No

LEGAL PARENT/GUARDIAN 1 INFORMATION

First Name: _____ Middle Name: _____ Last Name: _____

Relationship to child: ☐ Parent ☐ Legal Guardian ☐ Foster Parent ☐ Other: _____

Child lives with Parent/Guardian what percentage of time:

☐ 0% ☐ 1 to 25% ☐ 26 to 50% ☐ 51 to 50% ☐ 51 to 74% ☐ 75 to 99% ☐ 100%

LEGAL PARENT/GUARDIAN 1 CONTACT INFORMATION

Primary Phone: _____ Secondary Phone: _____ Email: _____

Mailing Address: _____ City: _____ Zip Code: _____

Physical Address (if different): _____ City: _____ Zip Code: _____

How do you prefer to be contacted? ☐ Primary Phone ☐ Secondary Phone ☐ Email ☐ Text ☐ Other: _____

IN WHICH LANGUAGE DO YOU PREFER TO RECEIVE...

Written Communication: ☐ English ☐ Spanish ☐ Russian ☐ Vietnamese ☐ Chinese ☐ Other: _____

Verbal Communication: ☐ English ☐ Spanish ☐ Russian ☐ Vietnamese ☐ Chinese ☐ Other: _____

LEGAL PARENT/GUARDIAN 1 EMPLOYMENT STATUS

Check all that apply:

☐ Employed PT/FT ☐ Student ☐ Business Owner ☐ Currently not working (unemployed, stay at home parent, retired, etc.)

☐ Other: _____

LEGAL PARENT/GUARDIAN 2 INFORMATION

First Name: _____ Middle Name: _____ Last Name: _____

Relationship to child: ☐ Parent ☐ Legal Guardian ☐ Foster Parent ☐ Other: _____

Child lives with Parent/Guardian what percentage of time:

☐ 0% ☐ 1 to 25% ☐ 26 to 50% ☐ 51 to 50% ☐ 51 to 74% ☐ 75 to 99% ☐ 100%

LEGAL PARENT/GUARDIAN 2 CONTACT INFORMATION

Primary Phone: _____ Secondary Phone: _____ Email: _____

Mailing Address: _____ City: _____ Zip Code: _____

Physical Address (if different): _____ City: _____ Zip Code: _____

How do you prefer to be contacted? ☐ Primary Phone ☐ Secondary Phone ☐ Email ☐ Text ☐ Other: _____

IN WHICH LANGUAGE DO YOU PREFER TO RECEIVE...

Written Communication: ☐ English ☐ Spanish ☐ Russian ☐ Vietnamese ☐ Chinese ☐ Other: _____

Verbal Communication: ☐ English ☐ Spanish ☐ Russian ☐ Vietnamese ☐ Chinese ☐ Other: _____

LEGAL PARENT/GUARDIAN 2 EMPLOYMENT STATUS

Check all that apply:

☐ Employed PT/FT ☐ Student ☐ Business Owner ☐ Currently not working (unemployed, stay at home parent, retired, etc.)

☐ Other: _____

Parent Consent - Legal Parent / Guardian Signature

By signing this application, I confirm that I have given true and complete information, and I understand that the Oregon Department of Early Learning and Care may verify the information on this form. I understand that making false statements or intentionally omitting information may subject me to state and federal penalties. I understand PSP is a state funded program and preschool services provided under the PSP program may end if funds are no longer available.

I understand and agree that the information on this form, any information gathered or collected by the provider as part of the Certification of Eligibility, and any tests or reports, describing my child's educational progress in the PSP Program may be shared with entities involved in the delivery of PSP services and supports to my child, including but not limited to preschool providers, Enrollment Committees, Hubs, Education Service Districts (Early Childhood Special Education services), Child Care Resource & Referral and the Oregon Department of Early Learning and Care, for the purpose of administering and evaluating the PSP Program.

Submission of this eligibility form is not a guarantee of admission into the PSP program. Legal Parent/Guardian Signature and Date Required.

Print Name: _____

Signature: _____ Date: _____

CERTIFICATION OF ELIGIBILITY FORM - FOR PSP ELIGIBILITY SPECIALIST USE ONLY

Hub Name: _____

STEP 1 - Complete the following information

Child's Name: _____

Family Size:_____

Annual Income: _____

Family Income Level:

	At or below 100% FPL
	101 - 130% FPL
	131-200% FPL
	TANF, Adult OHP, OHP Bridge, OHP CWM ("emergency medical" or "emergency Medicaid")
	GALA (formerly known as FAR) waiver for over income

Is the family income eligible? ☐ Yes ☐ No

Documents presented for income verification:
(Check all that apply)

	Child Support Statements
	Foster Child documentation
	Income Tax Form 1040 or 1040A

(Continued)Documents presented for income verification:
(Check all that apply)

	Adult OHP, OHP Bridge, OHP CWM ("emergency medical" or "emergency Medicaid") (dated within the last 12 months)
	SNAP (dated within the last 12 months)
	TANF (dated within the last 12 months)
	ERDC (with additional income verification)
	WIC (with additional income verification)
	Paystubs (3 most recent concurrent)
	SSI letter
	Unemployment Statements
	W2
	Housing Adjustment
	PSP Family Income Supplemental Form
	Other

Age* of the Child: _____

*Children must be at least three years old, but not yet eligible for kindergarten, by the date used to determine kindergarten eligibility (September 1 for most school districts in Oregon, please verify date with local school districts).

Documents presented for age eligibility verification:

	Copy of birth certificate
	Copy of hospital record
	Copy of pediatrician/doctor's office paperwork
	Copy of child's immunization record (must be from a health care organization, not handwritten)
	Health insurance documentation
	Foster care placement letter
	Legal document (e.g. benefits letter) that shows child's date of birth
	PSP Child's Date of Birth Supplemental Form

Is the child's age eligible? ☐ Yes ☐ No

Does the family live in Oregon? ☐ Yes ☐ No

Is the family homeless (unhoused)? ☐ Yes ☐ No

Please note: Homeless families not required to submit Oregon address documentation.

Documents presented for living in Oregon verification:

	Current utility/service bill (electric, gas, water/sewer and waste)
	Lease or rental agreement
	Identification card or Oregon driver's license
	Paystub, 1040 tax form, or W2
	Benefits letter (OHP letter, SNAP, Social Security, TANF, etc.) dated within the last 12 months
	Foster care placement letter
	Secure address through Address Confidentially Program
	PSP Address Supplemental Form

Important: PSP Eligibility specialists are required to keep copies of all documentation presented/used to determine eligibility.

STEP 2 - Staff Certification and Signature

INTAKE STAFF - I have examined documents and information presented by the parent(s)/guardian(s) and to the best of my knowledge the family is:

☐ Eligible for PSP services

☐ Not Eligible for PSP services

Staff Print Name _____ Staff Signature _____ Date _____

STEP 3 - Placement

Child is placed in _____ (PSP Grantee) at _____ (Site Name), _____ (Date)

Transfer Information Section:

Child is placed in _____ (PSP Grantee/Site Name) at _____ (Location), _____ (Date)

Child is placed in _____ (PSP Grantee/Site Name) at _____ (Location), _____ (Date)

Preschool Promise
Oregon Department of Early Learning and Care

Preschool Promise
Additional Child Supplemental Form

CHILD INFORMATION

First Name: _____ Middle Name: _____ Last Name: _____

Date of Birth: _____ Gender: ☐ Male ☐ Female ☐ X

WHAT IS YOUR CHILD'S PRIMARY LANGUAGE?

☐ English ☐ Spanish ☐ Russian ☐ Vietnamese ☐ Chinese ☐ Other _____

WHAT LANGUAGE(S) DO YOU SPEAK AT HOME?

☐ English ☐ Spanish ☐ Russian ☐ Vietnamese ☐ Chinese ☐ Other _____

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☐	American Indian
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☐	Guamanian or Chamorro
☐	Micronesian
☐	Native Hawaiian
☐	Samoan
☐	Tongan
☐	Other Pacific Islander

Middle Eastern/Northern African

☐	North African
☐	Middle Eastern

Asian

☐	Asian Indian
☐	Chinese
☐	Filipino/a
☐	Hmong
☐	Japanese
☐	Korean
☐	Laotian
☐	South Asian
☐	Vietnamese
☐	Other Asian

Hispanic or Latino/a

☐	Hispanic or Latino/a Central American
☐	Hispanic or Latino/a Mexican
☐	Hispanic or Latino/a South American
☐	Other Hispanic or Latino/a

Black or African American

☐	African American
☐	African (Black)
☐	Caribbean (Black)
☐	Other Black

White

☐	Eastern European
☐	Slavic
☐	Western European
☐	White/Caucasian
☐	Other White

Other Categories

☐	Other:
☐	Don't know/Unknown
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Does your child require any of the following specialized supports (answer does not impact eligibility)?

Behavioral	Health	Mental Health	Nutrition
☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

If yes, list any health partners, ECSE specialists, or other providers you would like us to know about:

_____

How many people live in your household? _____

Legal Parent / Guardian Signature

I certify that the information given above is a true statement (legal parent/guardian signature and date required)

Print Name:_____ Signature: _____

Date:_____

Preschool Promise
Oregon Department of Early Learning and Care

Preschool Promise
Address Supplemental Form

Address Parent Statement

Child Name: _____

I am unable to provide documentation of my family's address. I declare that my living address is in Oregon at the following address:

Address: _____ City: _____ Zip Code: _____

Legal Parent / Guardian Signature

I certify that the information given above is a true statement (legal parent/guardian signature and date required)

Print Name: _____ Signature: _____

Date: _____

Preschool Promise
Oregon Department of Early Learning and Care

Preschool Promise
Child's Date of Birth Supplemental Form

Child's Date of Birth Parent Statement

Child Name: _____

I am unable to provide documentation of my child's date of birth. I declare that my child's date of birth is:

Child's Date of Birth (MM/DD/YYYY): _____

Legal Parent / Guardian Signature

I certify that the information given above is a true statement (legal parent/guardian signature and date required)

Print Name:_____ Signature: _____

Date:_____

Preschool Promise
Oregon Department of Early Learning and Care

Preschool Promise
Family Income Supplemental Form

Family Income Statement

Child Name: _____

I am unable to provide documentation of my family's income from _____ (Month Year) through _____ (Month Year).

Reason I cannot provide documentation of my income:

	I do not have income to report
	My income has recently changed. Please describe:
	Other

List sources of income for all family members for time period listed above:

Parent/Guardian Name	Income Source(s)	Income Amount
	Total Income Amount:	

How many people live in your household? _____

Legal Parent / Guardian Signature

I certify that the information given above is a true statement (legal parent/guardian signature and date required)

Print Name: _____ Signature: _____

Date: _____