

# PRESCHOOL PROMISE



## What is Preschool Promise?

Preschool Promise (PSP) is a free, high-quality, and culturally responsive preschool program available to Oregon families who are living at or below 200% of the Federal Poverty Level in Oregon. The program serves children age 3-5 in a variety of settings such as centers, homes, and schools.

## How do I know if my child is eligible?

To be eligible a child needs to be:

- Age 3-5 (3 years old prior to September 1st)
- Living in Oregon
- In a household living at or below 200% of the Federal Poverty Level

## What if our household income is higher than the income criteria?

We encourage families to reach and talk with our Eligibility Specialist about options. If Preschool Promise is not the best fit, we are happy to help offer information about other early learning resources in the community.

INCOME ELIGIBILITY 2025		
Household Size	Annual Income Limit 130%	Annual Income Limit 200%
2	\$27,495	\$42,300
3	\$34,645	\$53,300
4	\$41,795	\$64,300
5	\$48,945	\$75,300
6	\$56,095	\$86,300
7	\$63,245	\$97,300
8	\$70,395	\$108,300
Households with more than 8 persons, please contact us for details.		

## What do I need to apply?

We invite you to use the Parent Checklist that explains what documents families need to provide when applying. If you do not have a specific document, please reach out. We can help explore other options.

## How long will it take to process my application?

Once all the needed documents are received, Erica from Four Rivers Family will reach out to you within 5 business days. Please note in July and August, the response time may be longer.

## How do I know where the Preschool Promise sites are?

Erica the Four Rivers Family Eligibility Specialist can offer up to date information about which centers, homes, or schools have openings. Families can also visit [www.findchildcareoregon.org](http://www.findchildcareoregon.org).



### QUESTIONS?

Please reach out to Erica the Four Rivers Family Preschool Promise Eligibility Specialist.

**Erica Hernandez**

phone: 541.965.8319

Schedule with me: <https://calendly.com/4relh-cgesd>

email: [ehernandez@cgesd.k12.or.us](mailto:ehernandez@cgesd.k12.or.us)



# PRESCHOOL PROMISE APPLICATION CHECKLIST



**Preschool  
Promise**

Oregon Department of  
Early Learning and Care

Please reach out if you are missing documents from the list. We can explore options with you.



## **Proof of Age (please choose 1 of the following):**

- Copy of birth certificate
- Copy of hospital record
- Copy of pediatrician/doctor's office paperwork
- Copy of child's immunization record
- Copy of health insurance documentation
- Foster care placement letter
- Legal document (e.g. benefits letter) that shows child's date of birth



## **Proof of Living in Oregon (please choose 1 of the following):**

- Current utility/service bill (electric, gas, water/sewer and waste)
- Lease or rental agreement
- Identification card or Oregon driver's license
- Paystub, Signed 1040 tax form, or W-2
- Foster care placement letter
- Secure address through Address Confidentiality Program



## **Proof of Income:**

- Wages or salary (gross income)
  - 3 most recent consecutive pay stubs or most recent W-2
  - Signed 1040 tax form or 1040A (both pages; for e-files, please also the 8879-tax form)
  - Employer letter
- Payments from Social Security or other retirement
- Self-Employment (previous year's tax Schedule C, 3 months profit and loss statements, or 1099 NEC)
- Payments for unemployment, workers' compensation, veteran's benefits, public assistance (Temporary Assistance for Needy Families, Supplemental Security Income)
- Head Start or Oregon Prekindergarten income verification (within the last 12 months)
- TANF letter or screenshot of benefits account (within the last 12 months)
- OHP benefits documentation (Adult OHP/OHP Bridge/OHP CWM letters, cards, or screenshot)
- SNAP approval (letter of awarded benefit, SNAP eligibility, or screenshot)
- Child support or alimony statements
- College scholarships or grants financial aid award letters
- Alimony, private pensions, government pensions and regular insurance or annuity payments
- Dividends, interest, net rental income
- Other periodic income sources (short/long term disability, pay from sick or vacation leave, etc.)
- Paid Leave Oregon benefits



## **Additional Documents:**

- Families with a parenting plan in place through the court are asked to provide a copy along with the custodial judgement.



**FOUR RIVERS  
FAMILY**  
EARLY LEARNING  
& PARENTING

A DIVISION OF THE CGESD

### **QUESTIONS?**

Please reach out to Erica the Four Rivers Family  
Preschool Promise Eligibility Specialist.

**Erica Hernandez**

phone: 541.965.8319

Schedule with me: <https://calendly.com/4relh-cgesd>

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# 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

<input type="checkbox"/>	American Indian
<input type="checkbox"/>	Alaska Native
<input type="checkbox"/>	Canadian Inuit, Metis, or First Nation
<input type="checkbox"/>	Indigenous Mexican, Central American, or South American

#### Native Hawaiian or Pacific Islander

<input type="checkbox"/>	Guamanian or Chamorro
<input type="checkbox"/>	Micronesian Native
<input type="checkbox"/>	Hawaiian
<input type="checkbox"/>	Samoan
<input type="checkbox"/>	Tongan
<input type="checkbox"/>	Other Pacific Islander

#### Middle Eastern/Northern African

<input type="checkbox"/>	North African
<input type="checkbox"/>	Middle Eastern

#### Asian

<input type="checkbox"/>	Asian Indian
<input type="checkbox"/>	Chinese
<input type="checkbox"/>	Filipino/a
<input type="checkbox"/>	Hmong
<input type="checkbox"/>	Japanese
<input type="checkbox"/>	Korean
<input type="checkbox"/>	Laotian
<input type="checkbox"/>	South Asian
<input type="checkbox"/>	Vietnamese
<input type="checkbox"/>	Other Asian

#### Hispanic or Latino/a

<input type="checkbox"/>	Hispanic or Latino/a Central American
<input type="checkbox"/>	Hispanic or Latino/a Mexican
<input type="checkbox"/>	Hispanic or Latino/a South American
<input type="checkbox"/>	Other Hispanic or Latino/a

#### Black or African American

<input type="checkbox"/>	African American
<input type="checkbox"/>	African (Black)
<input type="checkbox"/>	Caribbean (Black)
<input type="checkbox"/>	Other Black

#### White

<input type="checkbox"/>	Eastern European
<input type="checkbox"/>	Slavic
<input type="checkbox"/>	Western European
<input type="checkbox"/>	White/Caucasian
<input type="checkbox"/>	Other White

#### Other Categories

<input type="checkbox"/>	Other:
<input type="checkbox"/>	Don't know/Unknown
<input type="checkbox"/>	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
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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:

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

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

<input type="checkbox"/>	Child Support Statements
<input type="checkbox"/>	Foster Child documentation
<input type="checkbox"/>	Income Tax Form 1040 or 1040A
<input type="checkbox"/>	TANF, Adult OHP, OHP Bridge, OHP CWM ("emergency medical" or "emergency Medicaid")
<input type="checkbox"/>	SNAP, ERDC, WIC with additional income verification
<input type="checkbox"/>	Paystubs (3 most recent concurrent)
<input type="checkbox"/>	SSI letter
<input type="checkbox"/>	Unemployment Statements
<input type="checkbox"/>	W2
<input type="checkbox"/>	Family Income Supplemental Form
<input type="checkbox"/>	Other

Is the family income eligible? ☐ Yes ☐ No

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:

<input type="checkbox"/>	Copy of birth certificate
<input type="checkbox"/>	Copy of hospital record
<input type="checkbox"/>	Copy of pediatrician/doctor's office paperwork
<input type="checkbox"/>	Copy of child's immunization record
<input type="checkbox"/>	Health insurance documentation
<input type="checkbox"/>	Foster care placement letter
<input type="checkbox"/>	Legal document (e.g. benefits letter) that shows child's date of birth
<input type="checkbox"/>	PSP Date of Birth Supplemental Form

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

Does the family live in Oregon? ☐ 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 (Social Security, TANF, SNAP, OHP letter, etc.) dated within the last 12 months
	Foster care placement letter
	Secure address through Address Confidentiality 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 \_\_\_\_\_ at \_\_\_\_\_  
PSP Grantee Site Name Date

**In the event of a transfer:**

Child is placed in \_\_\_\_\_ at \_\_\_\_\_  
PSP Grantee Site Name Date

Child is placed in \_\_\_\_\_ at \_\_\_\_\_  
PSP Grantee Site Name Date

# Questions to ask when looking for Child Care

How will I know this the right fit for my family?

## Will my child be safe and healthy?

- Will the same program staff take care of my child regularly?
- Is there a family handbook explaining the policies (such as guidance and discipline)?
- Are healthy meals and snacks provided?
- How many children are cared for daily in the program?

## Do children and families feel supported by the program?

- Are children and families welcomed by program staff?
- Are families invited to visit and participate in the program?
- How does the program regularly communicate information with families?

## Will the environment allow my child to learn and grow?

- Is the environment clean, comfortable and friendly?
- Is there enough indoor and outdoor space for movement and play?
- Are there enough materials, books, and toys for children?

## Will my child's development be supported?

- Is there a daily routine and planned activities?
- How will my child's home language and culture be supported?
- Are TV, computer, and other screen times limited?

## What is the experience and education of the staff working with my child?

- How long has the program staff been providing child care?
- What training and education do the program staff have?
- Is the program participating in Oregon's Spark?

## Can you see positive relationships in the program?

- Do program staff smile at, talk with, and listen to children?
- Do program staff play with and read to children?
- Are children playing together?

## Before you visit a child care program think about:

What are the most important things to your family while searching for child care?

1. \_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_