

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.



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



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>

email: ehernandez@cgesd.k12.or.us

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 |
| <input type="checkbox"/> | Native 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
☐ Yes ☐ No

Health
☐ Yes ☐ No

Mental Health
☐ Yes ☐ No

Nutrition
☐ 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

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

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

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 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

Transfer Information Section:

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

Child is placed in _____ at _____
PSP Grantee/Site Name Location 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. _____
