

Preston's Eligibility Form

Head Start Eligibility Verification



1. Child's name: Preston xxx
2. Child's date of birth: August 2, 2006
3. The child is eligible to participate in the program. Yes No
4. Check the applicable category of eligibility for this child:

- | | |
|--|---|
| <input type="checkbox"/> SSI | <input checked="" type="checkbox"/> Income (check box that applies): |
| <input type="checkbox"/> Homeless | <input checked="" type="checkbox"/> Below federal poverty guidelines |
| <input type="checkbox"/> Foster Care | <input type="checkbox"/> Between 100-130% of federal poverty guidelines (no more than 35% of enrolled children may fall into this category) |
| <input type="checkbox"/> Public assistance | |
| | <input type="checkbox"/> Over- Income |
| | <input type="checkbox"/> Counted as part of 10% maximum for non-AI/AN programs) |
| | <input type="checkbox"/> Counted as part of the 49% maximum for AI/AN programs) |

5. What documentation was used to determine eligibility?

- | | |
|--|--|
| <input type="checkbox"/> Income Tax Form 1040 | <input type="checkbox"/> Written statements from employers |
| <input type="checkbox"/> W-2 | <input type="checkbox"/> Foster care reimbursement |
| <input type="checkbox"/> TANF documentation | <input type="checkbox"/> SSI documentation |
| <input type="checkbox"/> Pay stub or pay envelopes | <input type="checkbox"/> Other |
| <input checked="" type="checkbox"/> Unemployment | If Other, please explain: _____ |

Documentation of no income: _____

- | | |
|---------------------|--|
| 5. Staff signature: | Date of eligibility verification: October 14, 2010 |
| 6. Staff name: | Title: |

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Preston's Selection Form

Note: The following selection form is adapted from SPCAA Head Start, Rev. 9-2-10.

Child's Name: Preston xxx

Birthday: 08 / 02 / 2006

Instructions: Check one criterion in each area based on information from the application and/or other sources. When appropriate, write in comments in each area to support points awarded. Write in selected points for each area in space provided. Add up points by area and write in total and sign. **(*) Documentation must be attached**

AREAS	DESCR.	PTS	SELECT	PTS AREA
FAMILY STATUS (select one)				
*F - Foster Child (Authorized Care)	FOST	72	()	
G - Guardian/Caretaker	G	50	()	
SWP - Single Working Parent or Student	SWP	60	(x)	
SP - Single parent, Not working or Student	SP	30	()	
TWP - Two Parents, Both Working or Students	TWP	40	()	
TPOW - Two Parents, One Working or Student	TPOW	20	()	
TP - Two Parents, Neither Working or Students	TP	10	()	
MV - McKinney Vento Act	MV	70	()	
				<u>60</u>

SPECIAL NEED (select one)				
<i>(MUST be approved by Mental Health/Disability staff if points given, Documentation must be attached)</i>				
Z - No Suspected Special Need/Disability	Z	0	(x)	
X - Potential or Suspected Special Need/Disability	SUSP (X)	40	()	
*A To Y - (Diagnosed Condition - Abbreviated Type)	_____	70	()	
				<u>0</u>

Comments: _____

INCOME (select one)				
Eligible Due To Public Assistance	EPA	70	()	
Income Eligible at or Below Poverty Level	ELIG	70	()	
Low Income 25% Below Poverty Level	L25%	80	()	
Low Income 50% Below Poverty Level	L50%	90	()	
Low Income 75% Below Poverty Level	L75%	100	(x)	
				<u>100</u>

Comments: _____

AGE BY September 1 (select one)				
4 years 6 months or older	4 - _____	70	()	
4 years 0 months to 4 years 5 months	4 - _____	60	(x)	
3 years 6 months to 3 years 11 months	3 - _____	30	()	
3 years 0 months to 3 years 5 months	3 - _____	20	()	
Transitioning from EHS to HS (Must have completed 6 month process)	TR	40	()	
				<u>60</u>

Comments: _____

OTHER (select all that apply)				
Referral from other Agency/Professional	REF	40	()	
Family Health Problems/Disability	FHP/D	30	()	
Family In Transition	FT	30	(x)	
No Referral	NR	0	()	
*Eligible due to McKinney Vento Act	EMV	101	()	
				<u>30</u>

Comments: _____

**Signature of HS Employee Verifying Recruitment Application, Selection Criteria
and Supporting Documentation**

Date

**Signature of HS Employee Approving Recruitment Application, Selection Criteria
and Supporting Documentation**

Date

Total Pts: 250