

SPCAA Head Start 2010 Selection Criteria

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

Child's Name: _____

Birthday: ____/____/____

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	()	
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	()	
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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 - Potential or Suspected Special Need/Disability	SUSP (X)	40	()	
*A To Y - (Diagnosed Condition - Abbreviated Type)	_____	70	()	
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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	()	
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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	()	
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	()	
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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	()	
No Referral	NR	0	()	
*Eligible due to McKinney Vento Act	EMV	101	()	
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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: _____