

Child Name:

Program Option:

Date:

Site: Worksheet (Form 5050) Total Points: \_\_\_\_\_ ChildPlus Total Points: \_\_\_\_\_

**Mid-America Head Start - Selection Criteria Form 5050**

<b>Mid-America Head Start - Selection Criteria Form 5050</b>				
	<b>Requirements</b>			
<b>FEDERAL &amp; STATE</b>	Income:	According to Federal guidelines		
	Age: <i>Early Head Start</i> <i>Head Start</i>	Age 0 – 3 years, pregnant woman Age 3 before August 1 <sup>st</sup>		
	Parent:	Verify relationship to child		
	Disability:	Diagnosed/verified (10% enrollment)		
	Location: <i>Early Head Start</i> <i>Head Start</i>	Jackson, Clay and Platte County Zip Code (only) Jackson, Clay and Platte County Zip Code (only)		
	Categorically Eligible:	Homelessness; Child in Foster Care		
	<b>Immunizations:</b> <b>Non-Restrictive Criteria</b> <b>Physical and</b> <b>Dental Examination</b>	<b>According to State guidelines; at or before time of enrollment*</b> <i>Satisfactory evidence that the child has begun the process of immunization is needed for application to be complete. Points do not apply. (See Licensing Rules for Group Child Care and Child Care Centers, pg. 24.)</i> <b>Physical within 30 days following entry (State licensed facilities);</b> <b>Physical and dental within 90 days following entry (Federal guidelines)</b>		
	<b>ELIGIBILITY</b>	HSPS Eligibility: <i>(documentation must be present)*</i>	Child/Family is Over-Income Child/Family is Income Eligible Child is Age Eligible TANF [Income Status in ChildPlus as Public Assistance] SSI [Income Status in ChildPlus as Public Assistance]	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 150 150
		Categorical Eligibility: <i>(circle only one – documentation must be present)*</i>	Homelessness [Income Status in ChildPlus as Homeless/Living in a Shelter] Foster Child [Income Status in ChildPlus as Foster]	200 200
	<b>CONDITIONS</b>	Special Needs Eligibility Criteria: <i>(circle all that apply)</i>	Child with Diagnosed Special Needs [Current IEP or IFSP; Mental Health Diagnosis ] Medically Fragile [See Reverse for Selection Criteria Guidelines] Developmental Screening Results Referral by Health/Medical, Educational or Social Service Agency Suspected Needs/Parent Concerns No Identified Needs	150 40 30 20 10 0
Parent Eligibility Criteria: <i>(circle only one)</i>		Pregnant Teen/Teen Parent(s) Family Pregnant Woman Applicant Non-parental [Guardian/Grandparent/Relative/Kinship Care/Traditional Foster Care ] One Parent Two Parent	40 40 30 20 10	
High Social Service Need Eligibility Criteria: <i>(circle all that apply)</i>		Referral from Another Resource Agency [See Reverse for Selection Criteria Guidelines] Domestic Violence [See Reverse for Selection Criteria Guidelines] Diagnosis of Disability/Mental Health/Substance Abuse of Parent/Guardian/Sibling Family in Transition [See Reverse for Selection Criteria Guidelines] Family in Crisis [See Reverse for Selection Criteria Guidelines] Incarcerated Parent(s)/ Probation & Parole	30 30 30 30 30 30	
Circumstances Affecting Families Eligibility Criteria: <i>(circle all that apply)</i>		Immigrant/Refugee to the United States [Within the Last 2 Years] Non-completion of Secondary Education or GED Primary Language in Home Other than English Parent(s) Currently in Active Duty Military Receives State/Federal Assistance (Food Stamps, Section-8, Utility Assistance, WIC)	10 10 10 10 10	
Employment/Training Eligibility Criteria: <i>(circle all that apply)</i>		Currently Working Full-Time/Part-Time Currently Receives Child Care Subsidy Currently Enrolled in Post-Secondary School/Training	20 20 20	
Continuity of Care Eligibility Criteria: <i>(circle only one)</i>		(Full-Day/Home Base Applicants ONLY) - Sibling Group [Children Enrolled/Eligible for HS/EHS] Child Transitioning from EHS to HS [HSPS 1305.7 (c)]	50 150	

**Selection Criteria Prioritization Clarifications and Definition:*****Income and Age Eligibility:***

**Over Income** – Family's total gross annual income before taxes is between 101% and 200% of the income guidelines. [There is currently no cap for applicants/families that are identified as having a current active IEP/IFSP]. Refer to ERSEA Policy 5030; ERSEA Procedure and Form 5030 for further guidelines.

**Income Eligible** – Applicant's family meets the requirements of income eligibility. The MAHS Eligibility Verification Form 5000 and supporting documentation must be present within the file and entered into ChildPlus.

**Age Eligible** – Applicant is eligible for EHS/0-3 yrs., pregnant woman; HS/3-5 yrs., is not eligible for Kindergarten; is 3 yrs. by July 31, 2015.

**TANF/SSI [Income Status in ChildPlus as Public Assistance]** – Child's family is eligible or, in the absence of child care, would potentially be eligible for public assistance. TANF and Supplemental Security Income (SSI) are the only two programs considered Public Assistance.

- **TANF** – Family member receives funding from TANF;
- **SSI** – Applicant or a member in the family receives SSI

***Categorical Eligibility:***

**Categorically Eligible** – Applicant's family must meet the requirements of categorical eligibility [TANF/SSI, Homeless, and Foster]

1. **Homelessness** [Income Status in ChildPlus as Homeless/Living in a Shelter] - Family is currently homeless according to the McKinney-Vento definition of homelessness. [Documentation as determined by the delegate or grantee is required to be considered homeless.]
2. **Foster Child** [Income Status in ChildPlus as Foster] – Child enrolling is a foster child. Foster care is a 24 hour substitute care for children placed away from their parents or guardians and for whom the state agency has placement and care responsibility. This includes but is not limited to placements in foster family homes, foster homes of relatives, group homes, emergency shelters, and state assigned pre-adoptive homes.

***Special Needs Eligibility Criteria:***

**Child with Diagnosed Special Needs** - Diagnosed disability - child has an IFSP through First Steps or IEP through the school district; Child with a mental health diagnosis through a qualified mental health professional. [Documentation must be present within the file]

**Medically Fragile** - Child has a diagnosed health condition that requires a provider specially trained to meet his/her needs; a diagnosed health condition that severely impairs his/her ability to participate in routine activities throughout the day; a child that requires appliance/equipment for breathing, eating or drainage; or a child that is dependent on mechanical support (wheelchair, walker, etc.) for mobility. **This does not include: Diabetes, Asthma, and Food Allergies. When in doubt, consult with your Health and Disabilities Coordinator.** [Documentation must be present within the file]

**Developmental Screening Results** - One area of delay as defined by a standardized screening tool. [Documentation must be present within the file]

**Referral by Health/Medical, Educational or Social Service Agency** – Applicant was referred by an outside professional agency or health provider in writing and this referral is intended as support for a condition or circumstance identified in the MAHS selection criteria. [Professional document must be present within the file]

**Suspected Needs/Parent Concern** - Developmental, social/emotional, behavioral needs suspected/parent or agency has concerns

**No Identified Needs** – Applicant has no special needs as identified through information provided to HS staff at the time of application.

***Parent Eligibility Criteria:***

**Pregnant Teen/Teen Parent(s) Family** – Parent/Guardian applying or Parent/Guardian of applying child is currently under 20 years of age.

**Pregnant Woman** – Parent/Guardian applying is currently pregnant and is 20 yrs. or older.

**Non-Parental** – Child is under the informal and/or legal care of a Guardian, Grandparent, Relative, or is in Kinship Care, this is also for families who fall under the categorically eligible category for Standard Foster Care.

**One Parent** – One Parent/Guardian applying or Parent/Guardian of child applying does not share the parenting responsibilities with another at home.

**Two Parent** – Two Parents/Guardians apply or Parents/Guardians of child applying who do share the parenting responsibilities with each other at home.

***High Social Service Need Eligibility Criteria:***

**Referral from Another Resource Agency** – Applicant was referred to MAHS by an outside agency in support of a concern or circumstance listed on the MAHS selection criteria. [Examples: Parents As Teachers, Drug/Alcohol treatment center, WIC, DSS-Children's Division, KCPD Comm. Support Victim's Advocate Unit]

**Domestic Violence** – Parent/guardian reports there is domestic violence history at home since the birth of the applying child.

**Diagnosis of Disability/Mental Health/Substance Abuse of Family Member** – Family member [excluding applicant] is diagnosed with a documented disability, serious illness, mental health diagnosis, or family reports there is a substance abuse history at home since the birth of the applying child.

**Family in Transition** - loss of employment, divorce, separation from parents; applicant has been recently moved or relocated in the past year.

**Family in Crisis** - loss by death/terminal illness of an immediate family member; victim/witness of a violent crime within the last 6 months.

**Incarcerated Parent(s)** – Parent/guardian is currently residing within a local/state or federal jail/prison; or is currently on parole or probation.

***Circumstances Affecting Families Eligibility:***

**Immigrant/Refuge to the United States within the last 2 years** – Family of applicant has relocated to the United States within the last two years.

**Non-completion of Secondary Education or GED** – Adult parent/guardian has not earned a High School diploma or GED.

**Currently enrolled in Post Secondary School/Training Program** – Applicant is enrolled in a GED program, literacy program or training program at a trade school or college, this could also include training programs for a union position or trade.

**Non-English Speaking** – Parent/Custodian & or child does not speak English or speaks limited English.

**Receives State/Federal Assistance** – Receives assistance from the state or federal programs that includes: Food Stamps, Section-8, Utilities Assistance, and WIC.

**Parent(s) Currently in Active Duty Military** – Parent(s) are currently not living within the home due to serving in an active duty regiment of the USA armed forces.

***Employment/Training Eligibility Criteria:***

**Currently Working Full-Time/Part-Time** – Information from application/interview is entered into the Work/Education Tab of the Primary and/or Secondary Adults or all Adult Family Members whose income is used in determining the families' income eligibility. Documentation of employment is required to be present within the file for those applicants who are applying for Full-Day program options. [Refer to the Application Procedures for Documentation Requirements]

**Currently Receives Child Care Subsidy** – Documentation of Child Care Subsidies is required to be present within the file for those applicants who are applying for Full-Day program options. [Refer to the Application Procedures for Documentation Requirements]

**Currently Enrolled in Post-Secondary School/Training** Information from application/interview is entered into the Work/Education Tab of the Primary and/or Secondary Adults or all Adult Family Members who are currently enrolled in a Post-Secondary School/Training program. Documentation is required to be present within the file for those applicants who are applying for Full-Day program options. [Refer to the Application Procedures for Documentation Requirements]

***Continuity of Care Eligibility Criteria –***

**Sibling Group Currently Enrolled/Eligible for HS/EHS** – Applicant is a sibling or part of a sibling group that is enrolled or eligible for enrollment. ***This status is ONLY for applicants applying for Full-Day or Home Base program options.***

**Child Transitioning from EHS to HS** - [HSPS 1305.7 (c)]