

Reggie's Eligibility Form

Head Start Eligibility Verification



1. Child's name: Reggie xxx
2. Child's date of birth: March 11, 2009
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 checked="" type="checkbox"/> Other |
| <input type="checkbox"/> Unemployment | If Other, please explain: <u>father's statement</u> |

Documentation of no income: _____

5. Staff signature: _____ Date of eligibility verification: September 8, 2010
6. Staff name: _____ Title: _____

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Reggie's Selection Form

Note: The following selection form is adapted from a North Carolina Head Start program.

HEAD START/SCHOOL READINESS PRIORITIZATION CRITERIA 2008-2009 Revised

Child's Name Reggie xxx D.O.B. March 11, 2009

Circle points for the criteria that apply to the child and/or family.

- 30 Child 4 years old by Dec. 31
- 10 Child 3 years old by Dec. 31

- 30 Child-Disabilities Identified
- 20 Child Previously Enrolled in a Head Start Center
- 30 Homeless
- 20 Substance Abuse Issues

- 16 Single Parent (Mother Or Father Figure only)
- 16 Parent Incarcerated
- 16 Other Relative is Raising Child
- 30 Income is under 100% of Poverty Guidelines
- 10 Income is 100-130% of Poverty Guidelines

- 30 Assistance: Public (TANF)
- 30 Assistance: Supplemental Security Insurance (SSI)
- 30 Foster Care/Adoption Subsidy
- 6 Unemployment Insurance
- 1 Assistance: Child Support/Alimony
- 1 Assistance: Energy Program
- 1 Assistance: Food Stamps
- 1 Assistance: Medical
- 1 Assistance: Public Housing/Section 8
- 1 Assistance: WIC

- 10 Previously in Another Child Dev. Program: HRA Day Care
- 20 Referred by Child Welfare: DCF
- 4 Referred by Hospital/Wheeler Clinic
Recommendation of ERSEA Admin. or Head Start Director:

66 TOTAL ___ Qualifies for School Readiness

ERSENPI Manager's Signature _____ Date Sept. 8, 2010