Head Start Eligibility Verification

1. Child's name: _____

2. Child's date of birth: _____

3. This child is eligible to participate in the program. ☐ Yes   ☐ No

4. Check the applicable category of eligibility for this child:

☐ SSI

☐ Homeless

☐ Foster Care

☐ Public assistance

☐ Income *(check box that applies):*

   ☐ *Below federal poverty guidelines*

   ☐ *Between 100-130% of federal poverty guidelines (no more than 35% of enrolled children may fall into this category)*

☐ Over- Income

   ☐ *Counted as part of 10% maximum for non-AI/AN programs)*

   ☐ *Counted as part of the 49% maximum for AI/AN programs)*

4. What documentation was used to determine eligibility?

☐ Income Tax Form 1040

☐ W-2

☐ TANF documentation

☐ Pay stub or pay envelopes

☐ Unemployment

☐ Written statements from employers

☐ Foster care reimbursement

☐ SSI documentation

☐ Other

If Other, please explain: _____

Documentation of no income: _____

5. Staff signature: _____   Date of eligibility verification: _____

6. Staff name: _____   Title: _____