

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: _____

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