

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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