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. Type of eligibility interview conducted ❏ In-person ❏ Telephone
(If a telephone interview was conducted, please attach an explanation why the interview was not in-person)

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

    ❏ SSI

    ❏ Homeless   ❏ Income Eligible

    ❏ Foster Care   ❏ *Between 100-130% of federal poverty guidelines*
    ❏ Public assistance   *(no more than 35% of enrolled children may fall into this category)*

6. Check the applicable determination for **over-income** children:

    ❏ *Counted as part of 10% maximum for non-AI/AN programs*
    ❏ *Counted as part of the 49% maximum for AI/AN programs*

7. What documentation was used to determine eligibility?

    ❏ Income Tax Form 1040   ❏ Written statements from employers

    ❏ W-2   ❏ Foster care reimbursement

    ❏ TANF documentation   ❏ SSI documentation

    ❏ Pay stub or pay envelopes   ❏ Other

    ❏ Unemployment   If Other, please explain: _____

    Documentation of no income: _____

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

9. Staff name: _____ Title: _____