

# Head Start Eligibility Verification Form



1. Child's name: \_\_\_\_\_
2. Child's date of birth: \_\_\_\_\_
3. Is this child eligible to participate in the program?     Yes     No
4. Type of eligibility interview conducted:     In-person     Telephone
5. Indicate the applicable eligibility criterion for this child:  

<input type="checkbox"/> Homeless	<input type="checkbox"/> Other (up to 10% may fall into this category, up to 49% for AI/AN programs)*
<input type="checkbox"/> Foster care	
<input type="checkbox"/> Public assistance (TANF & SSI)	<input type="checkbox"/> Income between 100-130% FPL (up to 35% may fall into this category)**
<input type="checkbox"/> Income at or below 100% FPL	

*\*45 CFR 1302.12(c)(2) specifies that a program may enroll a child who would benefit from services but does not meet other eligibility requirements provided that these participants only make up to 10 percent of a program's enrollment or 49 percent in the case of AI/AN programs as described in 45 CFR 1302.12(e).*

*\*\*45 CFR 1302.12(d) specifies that a program may enroll an additional 35 percent of participants whose families do not meet any other eligibility criterion and whose incomes are below 130 percent of the poverty line.*

6. What documentation was used to determine eligibility and is included as part of the eligibility determination record?  

<input type="checkbox"/> Income Tax Form 1040	<input type="checkbox"/> Unemployment documentation
<input type="checkbox"/> W-2	<input type="checkbox"/> Written statement from employers
<input type="checkbox"/> TANF documentation	<input type="checkbox"/> Foster care reimbursement
<input type="checkbox"/> SSI documentation	<input type="checkbox"/> Other, please describe: _____
<input type="checkbox"/> Pay stub or pay envelopes	

7. Staff signature: \_\_\_\_\_ Date: \_\_\_\_\_

8. Staff name: \_\_\_\_\_ Title: \_\_\_\_\_