

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)

5. 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: _____

6. Staff signature: _____

Date of eligibility verification: _____

7. Staff name: _____

Title: _____

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