

# 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:
 

<input type="checkbox"/> SSI <input type="checkbox"/> Homeless <input type="checkbox"/> Foster Care <input type="checkbox"/> Public assistance	<input type="checkbox"/> Income (check box) <input type="checkbox"/> Below federal poverty guidelines <input type="checkbox"/> Between 100-130% of federal poverty guidelines (no more than 35% of enrolled children may fall into this category) <input type="checkbox"/> Over-Income <input type="checkbox"/> Counted as part of 10% maximum for non-AI/AN programs <input type="checkbox"/> Counted as part of the 49% maximum for AI/AN programs
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5. What documentation was used to determine eligibility?
 

5 a <input type="checkbox"/> Income Tax Form 1040	5 g <input type="checkbox"/> Written statements from employers
5 b <input type="checkbox"/> W-2	5 h <input type="checkbox"/> Foster care reimbursement
5 c <input type="checkbox"/> TANF documentation	5 i <input type="checkbox"/> SSI documentation
5 d <input type="checkbox"/> Pay stub or pay envelopes	5 j <input type="checkbox"/> Child Support
5 e <input type="checkbox"/> Unemployment	If Other, please explain: _____

 Documentation of no Income \_\_\_\_\_

INCOME						
<input type="checkbox"/> Yes <input type="checkbox"/> No		<b>TANF ELIGIBLE</b> – Family is TANF eligible at the time of the application, if they are receiving cash assistance, food stamps and a medical card.				
Code (A01, etc.)	Amount	Per	X AIC	Annual Income	Income Source (from whom)	How Verified
<b>Total yearly income for the family</b>				\$	<b>AIC – Annual Income Calculator</b>	
<b>CERTIFICATION:</b> I certify that I have examined the above income documentation and the family is:				<input type="checkbox"/> Twice a month X 24 <input type="checkbox"/> Monthly X 12 <input type="checkbox"/> Weekly X 52 <input type="checkbox"/> Every 2 weeks X 26		
<input type="checkbox"/> Categorically Eligible <input type="checkbox"/> Eligible-based on Income Documentation <input type="checkbox"/> Over-based on Income Documentation						

**Fraud Statement:** I certify that the information provided above is true. If any part is found to be false, I understand that my child's participation in the program may be terminated. I also understand that this information will be held in strict confidence within the agency.

6. Parent Signature: \_\_\_\_\_ Date of eligibility verification: \_\_\_\_\_
7. Staff Signature: \_\_\_\_\_ Staff Title: \_\_\_\_\_
8. Staff Name (print): \_\_\_\_\_