Eligibility Priority Criteria

Primary Adult Name _____ Birthday _____

Applicant Name _____ Birthday _____

Program Details			
Program/Term **(E) 2014 – 2015**	Application Date	Application Status [1]	**1. Application Status Codes: C**–Complete & Verified **B**–Complete, Needs Official Birth Certificate **M**–Complete, Needs Medical Information **E**–Complete, Needs Official Birth Certificate **&** Medical Information

Eligibility					
Eligibility Date	Eligibility Income	Num in Family	Income Status [2]	**2. Income Status Codes: E**–Eligible **F**–Foster Child **H**–Homeless **O**–Over Income **P**–Public Assistance	Participation Year

Eligibility Areas		Eligibility Points
Income	Low Income 75% BPG	90
	Low Income 50% BPG	80
	Low Income 25% BPG	70
	Eligible 0-24% BPG	60
	Over Income (Categorically Eligible Only)	10
Special Needs	Diagnosed Disability (describe):	41
Social Services	Single Social Service Need (check below) ☐ Abuse / Neglect ☐ Family Crisis ☐ Referral From Another Agency ☐ Serious Child Health Problem ☐ High Risk (Disabled Adult) ☐ Other: _____	30
	Multiple Social Service Needs (check below) ☐ Abuse / Neglect ☐ Family Crisis ☐ Referral From Another Agency ☐ Serious Child Health Problem ☐ High Risk (Disabled Adult) ☐ Other: _____	60
Education/ Training Program	Full-Time	40
	Part-Time	40
Employment	Full-Time	20
	Part-Time	20
Age	*This refers to the applicant's "class age", or age on October 1st of the program term for which application is being made.*	
	0 – 11 Months	80
	12 – 23 Months	50
	24 – 35 Months	30
	> 35 Months (PREGNANT WOMEN ONLY)	10
Special Considerations	Enrolled in Early Head Start in Previous Year	100
	Non-enrolled Returning Children (waiting list)	50
	Age Eligible Sibling	10
	Homeless	32
	Immigrant / Refugee	10
	Foster Parent(s) / Guardian(s)	20
	Grandparent(s) as Legal Guardian	20
		Total

This child is eligible to participate in the program. ☐ **Yes** ☐ **No**

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)*

What documentation was used to determine eligibility?

- ☐ Income Tax Form 1040
- ☐ W-2
- ☐ TANF documentation
- ☐ Pay stubs or pay envelopes
- ☐ Unemployment
- ☐ Written statements from employers
- ☐ Foster care reimbursement
- ☐ SSI documentation
- ☐ Other
  If other, please explain: _____

Documentation of no income:

Verifying Staff Member Signature _____ Verification Date _____ ____

Verifying Staff Member Name (print) _____ Title _____