

# Eligibility Priority Criteria

Primary Adult Name \_\_\_\_\_

Birthday \_\_\_\_\_

Applicant Name \_\_\_\_\_

Birthday \_\_\_\_\_

## Program Details

Program/Term  
**(H) 2014 – 2015**

Application Date \_\_\_\_\_

Application  
Status <sup>1</sup> \_\_\_\_\_

### 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

## Eligibility

Eligibility Date \_\_\_\_\_

Eligibility Income \_\_\_\_\_

Num in Family \_\_\_\_\_

Income Status <sup>2</sup> \_\_\_\_\_

Participation Year \_\_\_\_\_

**2. Income Status Codes:** **E**–Income Eligible    **F**–Foster Child    **H**–Homeless    **O**–Over Income    **P**–Public Assistance

## 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 (EHS Transitioning or 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

Age

*This refers to the applicant's "class age", or age on October 1<sup>st</sup> of the program term for which application is being made.*

4 Year Old

80

3 Year Old

50

Special  
Considerations

Enrolled in Head Start / Early Head Start in Previous Year

100

Enrolled in Early Childhood (not Head Start) in Previous Year

90

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

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

**Total**

Check the applicable category of eligibility for this child:

- ☐ SSI    ☐ Income (check box that applies):  
☐ Homeless    ☐ Below federal poverty guidelines  
☐ Foster Care    ☐ Between 100-130% of federal poverty guidelines (no more than 35% of enrolled children may fall into this category)  
☐ Public assistance    ☐ 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    ☐ Written statements from employers  
☐ W-2    ☐ Foster care reimbursement  
☐ TANF documentation    ☐ SSI documentation  
☐ Pay stubs or pay envelopes    ☐ Other  
☐ Unemployment    If other, please explain: \_\_\_\_\_

Documentation of no income: \_\_\_\_\_

Verifying Staff Member Signature \_\_\_\_\_

Verification Date \_\_\_\_\_

Verifying Staff Member Name (print) \_\_\_\_\_

Title \_\_\_\_\_