

# 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  Audio or Video Call

Reason for Audio/Video Call: \_\_\_\_\_

5. Indicate the applicable eligibility criterion for this child:

- |   |   |
|---|---|
| <input type="checkbox"/> Experiencing Homelessness                  | <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, SNAP)        | <input type="checkbox"/> Income between 100-130% poverty guidelines (up to 35% may fall into this category) |
| <input type="checkbox"/> Income at or below 100% poverty guidelines |   |

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 (employer, service provider) |
| <input type="checkbox"/> TANF documentation              | <input type="checkbox"/> Foster care reimbursement                      |
| <input type="checkbox"/> SSI documentation               | <input type="checkbox"/> Family signed declaration                      |
| <input type="checkbox"/> SNAP documentation              | <input type="checkbox"/> Other, please describe:<br>_____<br>_____      |
| <input type="checkbox"/> Pay stub or earnings statements |   |

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

Date: \_\_\_\_\_

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

Title: \_\_\_\_\_

Notes:

How did you hear about us?

Friend or Family

Social Media

Flyer/Postcard

Other