

Head Start Eligibility Verification



Parent Name: _____

Child Name: _____ Family Size: _____

Annual Income: _____

1. Select either a, b, c, or d below (only one should be selected):

____ **a. Categorically Eligible** (if family is categorically eligible, select one box below)

Public Assistance (if public assistance is marked, fill in one circle below)

TANF/CalWORKs

Supplemental Security Income (SSI)

Homeless

Foster Care

____ **b. Income Eligible** (at or below federal poverty guidelines)

____ **c. Over-Income** (counted as part of 10% maximum)

____ **d. Income between 100 – 130% of federal poverty guidelines** (no more than 35% of enrolled children may fall into this category, agency must attach Grantee approval)

2. What documentation was used to determine eligibility?

Income Tax Form (1040)

Written statements from employers

W-2

Foster Care Reimbursement

TANF/CalWORKs Documentation

SSI Documentation

Paystub or pay envelope

Unemployment

Other (please explain): _____

As a representative of the LACOE delegate agency or child care partner,

I certify that the parents signed the application.

I certify that the above information is true and correct to the best of my knowledge about the family income and number of persons in this family.

Staff Signature _____ Date _____

Supervisor Signature _____ Date _____

Class Assignment: Site _____

Class Number: _____

Enrollment Date: _____

Start Date: _____

Ranking Points: _____

Date entered into GRS: _____