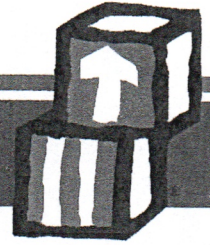


Head Start Eligibility Verification Form



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

5. Indicate the applicable eligibility criterion for this child:

Experiencing Homelessness

Other (up to 10% may fall into this category, up to 49% for AI/AN programs)

Foster care

Public assistance (TANF, SSI, SNAP)

Income between 100-130% poverty guidelines (up to 35% may fall into this category)

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?

Income Tax Form 1040

Unemployment documentation

W-2

Written statement (employer, service provider)

TANF documentation

Foster care reimbursement

SSI documentation

Family signed declaration

SNAP documentation

Other, please describe:

Pay stub or earnings statements

7. Staff signature: _____

Date: _____

8. Staff name: _____

Title: _____

Notes:

Clear Form