Head Start Eligibility Verification

1. Child's name: _____

2. Child's date of birth: _____

3. Check the applicable category of eligibility for this child:

    ☐ 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)*

    ☐ Public assistance

    ☐ SSI

    ☐ Homeless

    ☐ Foster Care

4. 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 stub or pay envelopes	☐ Other
☐ Unemployment	If Other, please explain: _____

    Documentation of no income: _____

5. Staff signature: _____   Date of eligibility verification: _____

6. Staff name: _____   Title: _____