

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: _____