Eligibility Verification 2023-24

Age Documentation

Child's Name _____

Date of Birth _____

Documentation Used to Verify Birth
(please check one)

☐ Birth Certificate   ☐ Comm. Based Services TANF list

☐ Hospital Certificate   ☐ Other _____

☐ Immunization Cert.

Is child currently age eligible to enroll in Head Start?

☐ Yes   ☐ No

Income Documentation

1. Pay Stubs to show income for at least one month
2. W-2 employment form
3. 1040, 1040A, etc. tax form
4. Unemployment Compensation
5. Documentation showing receipt of public assistance (TANF, SSI, SNAP)
6. Family Residency Questionnaire
7. Divorce Decree or other legal court document showing child support, alimony, etc.

8. Foster/Kinship Care document
9. Written statements from employers
10. Statement from parent showing income (*This method is only acceptable if the applicant's situation rules out the ability to obtain any other form of income documentation. Must be attached to the back of this sheet*)
11. Other: _____
12. "0" Income Verification form *(must be attached to the back of this sheet)*

Family Member	Total Gross Amount	Income Schedule	Income Period	Income Doc. Used (choose # from above)	Annual Total
		☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐ Semi-Monthly ☐ Yearly	☐ Previous 12 Months ☐ Previous Calendar Year ☐ Current Situation		$
		☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐ Semi-Monthly ☐ Yearly	☐ Previous 12 Months ☐ Previous Calendar Year ☐ Current Situation		$
		☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐ Semi-Monthly ☐ Yearly	☐ Previous 12 Months ☐ Previous Calendar Year ☐ Current Situation		$
		☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐ Semi-Monthly ☐ Yearly	☐ Previous 12 Months ☐ Previous Calendar Year ☐ Current Situation		$

Total number in the family *(from application)*

_____

2023-24 Poverty Guidelines

# in Family	2	3	4	5	6	7	8
Amount	$19,720	$24,860	$30,000	$35,140	$40,280	$45,420	$50,560

Total Annual Income $ _____

Based on the information above, this child is in the following eligibility category:

☐ Income Eligible
☐ Categorically Eligible
☐ Overincome

I certify that I have conducted either an in-person or telephone interview with this family, examined the documentation indicated on this form, and followed ERSEA procedures to the best of my ability in order to assure the information recorded is accurate.

_____ _____

Staff Name & Title   Date