



PY _____ ELIGIBILITY FORM

Eligibility Reason:	<input type="checkbox"/> New	<input type="checkbox"/> Update WL
Joint/Split Custody Family:	<input type="checkbox"/> Guardian/Family 1	<input type="checkbox"/> Guardian/ Family 2
Enrolled/Term & Re-Verifications required:	<input type="checkbox"/> Returning/Transitioning EHS – HS	<input type="checkbox"/> Re-Enroll – Break In Service
	<input type="checkbox"/> 3rd year in HS	<input type="checkbox"/> Update Enrolled – Parent Request

CHILD/APPLICANT NAME: 1.	Date of Birth:
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of People in Family: **MUST** be living in home, supported by parents/guardians & related by blood/marriage/adoption to parents/guardians. Includes legally responsible party or authorized caregiver.

Additional Family Members(Legal Names only)	Birthday	Relationship to child (i.e. Mother, Father, Guardian, Sister, Brother)
2.		
3.		
4.		
5.		
6.		
7.		

1A. MCKINNEY-VENTO ELIGIBILITY: Family Residency Questionnaire (McKinney-Vento Act 42 USC 11435)

CHILD LIVES WITH 1 Parent or Guardian 2 Parents or Guardians 1 Parent & Another Adult
 A Relative(s) Foster An Adult(s) (Not Parent/Guardian) Other: _____

FAMILY LIVING SITUATION: (CHECK ALL THAT APPLY):
 Child's address a permanent living arrangement
If you checked the Permanent living, go to 1B. Otherwise, complete next section.

Child's address a temporary living arrangement Due to loss of housing, economic hardship or similar reason
 Child awaiting foster care placement Child living with someone **not** a parent or legal guardian
 Other: _____

General Area/Address: _____
 Type of living arrangement: Motel/Hotel Shelter Car, Trailer, or Campsite Group home
 Transitional housing Another Family's House or Apartment Moving from place to place

1B. AGE VERIFICATION: Check here if attached in ChildPlus: Check type below.

Birth Date/Legal Name Verification:
 Birth Certificate Hospital Certificate Legal Documents Medical: _____ Other: _____

1C. CATEGORICAL or OTHER ELIGIBILITY

If the family is categorically eligible, select one of the boxes below and attach appropriate documentation. *The documentation must be current (within three months from the date of application for services) to show family is receiving services.*

Regular, on-going TANF/CalWORKS (Passport to Services) *Food stamps (CalFresh) do not qualify.
 Regular, on-going Supplemental Security Income (SSI) - *Social security (SS) does not qualify.
 McKinney-Vento Act 42 U.S.C. 11435 (Family Residency Questionnaire section above)
 Foster Care (must include case #)

Note: If family is categorically eligible skip 1D. .

Child/Applicant Name: _____

1D. INCOME ELIGIBILITY: 12 months preceding month of application/eligibility submission (scanned).

Annual Family Income – Parent(s)/guardian(s) income only for the last 12 months or unless family can demonstrate significantly different whichever represents family circumstances at time of application/eligibility submission. Gross (before taxes) cash income and includes earned income, military income (including pay and allowance), veterans benefits, Social Security benefits (retirement & disabilities), unemployment compensation, child support, student grants (except for tuition & fees specific), etc...

Parent/Guardian A:	
Column A: Type of Income & Verification Documents Received	Column B: Pay Period Covered
<p>Annual Income Documents: <input type="checkbox"/> 1040's SIGNED Tax documents (#1) <input type="checkbox"/> W-2: ALL jobs & Unemployment (#2)</p> <p>Current Income Documents: <input type="checkbox"/> Pay Stubs (2 recent & consecutive) <input type="checkbox"/> Student Grants <input type="checkbox"/> Unemployment Benefits <input type="checkbox"/> Child Support <input type="checkbox"/> Self Dec: _____ <input type="checkbox"/> Social Security: _____ <input type="checkbox"/> Employer Verification Documentation <input type="checkbox"/> Other: _____</p> <p>No Income Declarations: <input type="checkbox"/> Student: NO Income/Grants <input type="checkbox"/> Homemaker: NO Income <input type="checkbox"/> Zero Income form: Family only <input type="checkbox"/> Other: _____</p>	<p><input type="checkbox"/> Weekly x52 <input type="checkbox"/> Every two weeks x26 <input type="checkbox"/> Twice a month x24 <input type="checkbox"/> Month x12 <input type="checkbox"/> Yearly</p> <hr/> <p>Third Party Verification</p> <p><input type="checkbox"/> Declined Consent</p>

Parent/Guardian B:	
Column A: Type of Income & Verification Documents Received	Column B: Pay Period Covered
<p>Annual Income Documents: <input type="checkbox"/> 1040's SIGNED Tax documents (#1) <input type="checkbox"/> W-2: ALL jobs & Unemployment (#2)</p> <p>Current Income Documents: <input type="checkbox"/> Pay Stubs (2 recent & consecutive) <input type="checkbox"/> Student Grants <input type="checkbox"/> Unemployment Benefits <input type="checkbox"/> Child Support <input type="checkbox"/> Self Dec: _____ <input type="checkbox"/> Social Security: _____ <input type="checkbox"/> Employer Verification Documentation <input type="checkbox"/> Other: _____</p> <p>No Income Declarations: <input type="checkbox"/> Student: NO Income/Grants <input type="checkbox"/> Homemaker: NO Income <input type="checkbox"/> Other: _____</p>	<p><input type="checkbox"/> Weekly x52 <input type="checkbox"/> Every two weeks x26 <input type="checkbox"/> Twice a month x24 <input type="checkbox"/> Month x12 <input type="checkbox"/> Yearly</p> <hr/> <p>Third Party Verification</p> <p><input type="checkbox"/> Declined Consent</p>

1E.ADDITIONAL DOCUMENTATION: Check here if current documents attached in ChildPlus: Check type below.

IEP/IFSP and/or Medical Condition. Considered None if not checked.

Current Court Custody Order: Must Attach copy of document if any orders exist. Considered None if not checked.

**** This signature covers all documents used to process & verify eligibility for selection into Shasta Head Start.**

<p><i>I certify that the information about the family, income and number of persons in this family given above is true and correct. If any part is false, my participation in this agency's program may be terminated, and I may be subject to legal action. I also understand that the information in this application will be held in strict confidence within the agency, and is accessible to me during normal business hours.</i></p> <p>Text/Email Option automatically used unless Initialed for Decline: _____ - I am Declining the Text/Email contact option</p>	<p><i>I have reviewed the above documentation and verify that the information is true and correct to the best of my knowledge. SHS staff responsible for the enrollment and selection of program participants must follow the eligibility determination regulations set forth by the Office of Head Start regarding age and income of children and pregnant women. Willful and intentional violations of these guidelines will subject the employee to disciplinary action up to and including termination of employment.</i></p>
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Signature of Parent/Guardian:	Date Signed	Signature of Head Start Staff	Date Signed
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Printed Name:	Printed Name:
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Update Address/Phone #/Email: _____

Update Site location/Program Option: _____