

## HS/EHS - Eligibility Form Instructions – EL002

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New Eligibility Form, implemented February 1, 2014. Updated 1/4/17.

This form **must** be completed:

- For EVERY program year a child is waitlisted: (i.e. 1 for 16/17 & 1 for 17/18 = 2 total)
  - **New applicants**
  - **Children with a break in service**
  - **Children transitioning from EHS to HS**
  - **3<sup>rd</sup> year HS children**
- At the same time as the Application for Services for New
- By staff based on information provided by parent/guardian
- Supporting documentation must be attached at time of submission

**Note:** For returning applicants (HS to HS or EHS to EHS) that were eligible in the prior program year, we will use the existing Eligibility Verification. The child born of an enrolled Pregnant Mother in our program uses the Eligibility Verification of the Pregnant Mother.

**Eligibility Reason box:** Please check all that apply.

- New: New applicant
- Update WL - This includes changing the
  - Eligibility status of a child on the WL; i.e. Over Income to Income Eligible
- Joint/Split Custody Family: Check 1 only - **Each** family must have a completed Application & Eligibility Form for ERSEA to evaluate the combined income
  - Check Guardian/Family 1 for the 1<sup>st</sup> family
  - Check Guardian/Family 2 for the 2<sup>nd</sup> family
  - ½ of the income & family size from each family is combined to give the average.
- Dropped (BIS) & Re-verification Required: The following types of child participation require the agency to RE-VERIFY the eligibility of the child per Performance Standards.
  - Returning/Transitioning EHS → HS child
    - Any child moving from the EHS program to the HS program **MUST** be re-verified. This includes mid-year transitions as well as transitions at the end of the program year. To be included in the 1<sup>st</sup> round of selections for the next program year, this must be completed by April 31, 2015.
  - 3<sup>rd</sup> year HS child
    - Any child who has been in HS for 2 program years (regardless of length of time enrolled in the first year) must be re-verified.
  - Break-In-Service (BIS)
    - Any child who stops participating in our program (Dropped), even for a day, must be re-verified before they can be re-enrolled.

### **Section 1A:** Family Residency Questionnaire

*Child lives with* – Check the appropriate box to identify the child’s living arrangements

*Family Living Situation* - Check all the appropriate boxes that apply to indicate the family’s living arrangements.

- If family answers permanent living arrangement box only, skip to 1B.

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- If residency is not permanent, please complete Staff Statement - pg. 2, question 1 and attempt verification through 3<sup>rd</sup> Party Consent or other documentation.

### Section 1B. Age Eligibility

Documents must show the enrolling child's name and birth date.

Check the appropriate box. If already attached in ChildPlus, please check Attached box as well as type of document. If Other is selected, specify the name of the document.

- First choice is Birth Certificate – State may request Birth Certificates on all children in family if not using Passport To Services or other records showing family relationships.
- Hospital Birth records may be used
- Medi-Cal benefits card may be used for HS only
- Passport to Services may be used (excellent for state & SCOE collaborations)
- Foster, Child Custody papers & other court documents
- Parent(s) may self-certify the birth date of the child if no other documentation exists

### Attach supporting documentation.

### Section 1C. Categorical Eligibility

Check the appropriate box

*TANF/CalWorks* - TANF provides temporary financial assistance to needy families. Temporary Aid to Needy Families (TANF) goes by the name **CalWORKS** in California, for cash assistance and services to help you as you transition into (or back into) the labor force. **It is NOT Food Stamps.**

**Note:** Split custody families with one parent receiving CalWorks, makes the family/child categorically eligible.

*Supplemental Security Income (SSI)* - Supplemental Security Income (SSI) is a Federal income supplement program funded by general tax revenues (not Social Security – work based taxes).

- i) It is designed to help aged, blind, and disabled people, who have little or no income; and
- ii) It provides cash to meet basic needs for food, clothing, and shelter.
- iii) It does **NOT** include Social Security Disability (SDI) or Social Security Retirement payments.
- iv) **Anyone** in the family receiving SSI makes the child categorically eligible.

*McKinney Vento/Homeless* - The term "homeless children and youth" –

- A. means individuals who lack a fixed, regular, and adequate nighttime residence...; and
- B. includes –
  - i. children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative

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- accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement;
- ii. children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings...
- iii. children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and
- iv. migratory children who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).

**Note:** Families with alternatives who choose not to use them are NOT considered homeless under this definition. Also people who have cultural practices, multi-family or multi-generations in a household may not meet this definition if this is their choice.

*Foster* - Foster care means 24-hour substitute care for children placed away from their parents or guardians and for whom the state agency has placement and care responsibility. This includes, but is not limited to, placements in foster family homes, foster homes of relatives, group homes, emergency shelters, residential facilities, child care institutions, and pre-adoptive homes. A child is in foster care in accordance with this definition regardless of whether the foster care facility is licensed and payments are made by the state or local agency for the care of the child, whether adoption subsidy payments are being made prior to the finalization of an adoption, or whether there is Federal matching of any payments that are made.

SHS tracks this child as a family/household of the Foster child + the Foster Parent(s).

**Note:** State programs count the foster child and their siblings only. This is noted at time of State Application.

### **Attach supporting documentation.**

**Note:** If family is categorically eligible, do not complete Section 1D Income Eligibility.

#### **Section 1D. Income Eligibility**

Section D must be completed if the family is not determined to be categorically eligible, therefore we must adhere to 45 CFR 1305 which states that “ the period of time to be considered for eligibility is the twelve months immediately preceding the month in which the application or reapplication for enrollment of a child in a Head Start program is made, or for the calendar year immediately preceding the calendar year in which the application or reapplication is made, which ever more accurately reflects the family’s current need”.

*Number of People in Family* – Enter family size: All persons living in the same household who are: **1)** Supported by the [income of the parent\(s\) or guardian\(s\) of the child enrolling](#) or participating in the program **AND 2)** related to the parent(s) or guardian(s) by blood, marriage, or adoption; **OR (3)** the child’s authorized caregiver or legally responsible party. Family, for a pregnant woman (*non-teen*), means all persons who financially support the pregnant woman.

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*Court Custody Order/Documents:* If family has split custody or other court documents for a child, we need a full copy of the order. 50/50 split custody will require us to request both parents' income and number in family to determine income eligibility.

### ***Head Start Program Definition of Income***

Income means total cash receipts before taxes from all sources, with the exceptions noted below. Income includes money wages or salary before deductions; net income from nonfarm self-employment; net income from farm self-employment; regular payments from Social Security or railroad retirement; payments from unemployment compensation, strike benefits from union funds, workers' compensation, veterans benefits (with the exception noted below), public assistance (including Temporary Assistance for Needy Families, Supplemental Security Income, Emergency Assistance money payments, and non-Federally funded General Assistance or General Relief money payments); training stipends; alimony, child support, and military family allotments or other regular support from an absent family member or someone not living in the household; private pensions, government employee pensions (including military retirement pay), and regular insurance or annuity payments; college or university scholarships, grants, fellowships, and assistantships; dividends, interest, net rental income, net royalties, and periodic receipts from estates or trusts; and net gambling or lottery winnings.

As defined here, income does not include capital gains; any assets drawn down as withdrawals from a bank, the sale of property, a house or a car; or tax refunds, gifts, loans, lump-sum inheritances, one-time insurance payments, or compensation for injury. Also excluded are noncash benefits, such as the employer-paid or union-paid portion of health insurance or other employee fringe benefits; food or housing received in lieu of wages; the value of food and fuel produced and consumed on farms; the imputed value of rent from owner-occupied non-farm or farm housing; and such Federal non-cash benefit programs as Medicare, Medicaid, food stamps, school lunches, and housing assistance, and certain disability payments made to disabled children of Vietnam veterans as prescribed by the Secretary of Veterans Affairs.

For **each** parent/guardian A and B complete the following:

*Column A* – Type of Income & Verification documents received. Possible prompts for parents:

1. Is this a permanent or temporary/seasonal job?
2. How many years have you been employed?
3. Is this your only place of employment?
4. Is this your only source of income?
5. How many months of the year are you employed?
6. Do you have any other resources?

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*Column B* – Identify the pay period covered by the income documentation received. Especially if we are using pay stubs instead of tax documents.

Decline Consent for 3<sup>rd</sup> Party Verification – Check if a family declines to let us contact a 3<sup>rd</sup> Party to verify their eligibility into the program.

### **Section 1E - ADDITIONAL DOCUMENTATION:**

*Disability Status of Child*– Default is None. Check the appropriate box and submit legible copy of papers. If already attached in ChildPlus, please check Attached box as well as type of document. Disabilities Team will review for points.

- *IEP – Individualized Education Plan:* Completed by school district (LEA) for children age 3 and above.
- *IFSP – Individualized Family Service Plan:* Completed by school district or regional center for infants/toddlers under Part C of IDEA.
- *Diagnosed Medical Condition:* i.e. Seizure Disorder, Down’s Syndrome, Autism/PDD, Deafness, Blindness, Orthopedic Impairment, Traumatic Brain Injury

*Current Court Custody Order* – Default is None. Check box and submit copy of papers if orders exist. If already attached in ChildPlus, please note Attached in CP.

**Attach supporting documentation.**

**Text/Email option: All families will be automatically enrolled in the text/email option for all cell phone numbers and email addresses provided unless they initial Decline.**

*Signature and Date of Parent Certifying Application* – The form must be signed and dated by the parent.

*Signature and Date of Staff Certifying Application* – The form must be signed and dated by the staff working with the family to complete the form.