



## Head Start Enrollment Application 2018-2019

Head Start  
 2390 W Highway 56 #1  
 Cedar City, UT 84720  
 435-586-6070  
 Toll Free 1-800-796-6070  
 Fax 1-435-586-5232  
[www.suu.edu/headstart](http://www.suu.edu/headstart)

Welcome to Head Start:

Head Start is proud to offer a world-class pre-school program to children and families in Millard, Beaver, Iron, and Washington Counties.

This year we are able to offer two types of classes (types are limited by location):

Part day: 4 days a week (Monday thru Thursday), 4 hours a day, morning or afternoon.

Full day: 5 days a week (Monday thru Friday), 6 ½ hours a day, half day on Friday.

(See other side for locations and types of classes offered)

Children are eligible based on age, income, and child or family need.

- Your child must be at least 3 by September 1.
- If your child turns 5 before September 1, they are required to go to the local school district.

Here is what you need to do to register your child:

- Complete the attached application.
- Return it **in person** to your nearest Head Start Center (See other side).
- Bring the following items:

**Birth Certificate** or DCFS School Enrollment Letter for Foster Children

**Income Verification** (not required for children in foster care)

(Complete the questionnaire on Page 7 to determine which income documents to include with your application)

**Immunization Record** – Must have all shots listed below or be on schedule.

4 DTaP	3 Polio	3-4 Hib	1MMR	3 HEP B	2 HEP A	1 Varicella or proof of chicken pox	3 PCV 13
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- Faxed or mailed applications will not be accepted except in special cases.
- If you are unable to return your application in person, or if you are applying during the summer months, please call our toll free number 1-800-796-6070 for instructions.
- See our website for Frequently Asked Questions. [www.suu.edu/headstart](http://www.suu.edu/headstart)

## Head Start Centers

Beaver Head Start located in Belknap Elementary School 510 N 650 E, Beaver, UT 84713 435-438-2281 x5121                      Part Day AM Class	Delta Head Start located in Delta, UT 84624    <span style="float: right;">Full Day Class</span>
* Cedar City Head Start Main Center 2390 W Highway 56 #1, Cedar City, UT 84720 435-586-6070  <span style="float: right;">Part Day AM/PM and Full Day</span>	Fillmore Head Start located in Fillmore Elementary School 555 W 400 S, Fillmore, UT 84631 435-743-6339                                      Part Day AM Class
Cedar City Head Start Gateway Center 201 E 3800 N, Enoch, UT 84721 435-867-5558                                      Part Day AM Class	Hurricane Valley Head Start 706 N 195 W, LaVerkin, UT 84745 435-635-5603                                      Part Day AM and Full Day
Cedar City Head Start Fiddlers Center 1830 North Main Street Cedar City, UT 84721  <span style="float: right;">Full Day Class</span>	*St. George Head Start Main Center 494 E 900, St. George, UT 84790 435-628-5641                      Part Day AM/PM and Full Day
Enoch Head Start (North Side of Enoch Elementary) 4783 Wagonwheel Dr., Enoch, UT 84721 435-865-6959                                      Part Day AM Class	St. George Head Start Bluff Center 175 W 900 S #12, St. George, UT 84770 435-674-4545                                      Part Day AM/PM Class
Parowan Head Start (near the City Pool) 55 S 300 E, Parowan, UT 84761 435-477-1715                                      Part Day AM Class	St. George Young Sunset Center 1469 W. Sunset Blvd St. George, UT 84790 435-359-9321                      Part Day AM/PM and Full Day

***\*These Centers are open during the summer***

***\*\* Other Centers are open by appointment please call 1-800-796-6070 to schedule an appointment***



SUU Head Start  
 2390 W Hwy 56, Suite 1  
 Cedar City, UT 84720  
 Phone: (435) 586-6070 or 1-800-796-6070 ext. 23  
 Fax: (435) 586-5232

Complete one copy for **each** eligible child  
 If you need help with paperwork, call 1-800-796-6070

**CHILD DATA**

**1. Child's Name:**

\_\_\_\_\_  
 First Name Middle Name Last Name

**2. Nickname:**

**3. Date of Birth:**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 MM DD YY

**4. Gender:**

M F

**5. Family's Primary Phone:**

**6. Address:**

\_\_\_\_\_  
 Street Unit # City State Zip

**7. Mailing Address (if different from above):**

\_\_\_\_\_  
 P.O. Box or Street City State Zip

**8a. Was the child previously enrolled in Head Start, Early Head Start, Early Intervention, or with the School District Preschool?**

YES  NO

**8b. If yes, how many years did he/she attend?**

1  2  3

**8c. Which did he/she attend?**

Head Start  Early Head Start  
 Early Intervention  School District

**9. Ethnicity (choose one):**

Hispanic / Latino  
 Non-Hispanic / Non-Latino

**10. Race:**

American Indian/Alaska Native  Asian  Black or African American  Bi-racial / Multi-racial  
 Native Hawaiian/Pacific Islander  White  Unspecified  Other: \_\_\_\_\_

**11. Language Spoken at Home:**

**Primary:**  English  Spanish  Other: \_\_\_\_\_  
**Secondary:**  English  Spanish  Other: \_\_\_\_\_

**12. How well does the child speak English?**

Very Well  Not Well  
 Well  Not at all

**13a. Do you use or need full-year and/or full-day child care?**

YES  NO

**13b. Do you receive subsidized child care?**

YES  NO

**13c. Primary source of child care when child is not in Head Start (choose only one):**

Family Child Care Home  Child Care Center or Classroom  Public School Pre-Kindergarten Program  
 At Home  Another Home with a Relative or Unrelated Adult  Other: \_\_\_\_\_

**14. Family Type (choose only one)**

Two Parent Family  Single Parent Family (mother figure only) Living with Partner  
 Single Parent Family (mother figure only)  Single Parent Family (father figure only) Living with Partner  
 Single Parent Family (father figure only)  Other Relative(s)  
 Foster Family  Other Family Type: \_\_\_\_\_

**15. Family Composition**

Is your family a stepfamily?  YES  NO

**16. List all persons who live in the household, including the parents and child applicant.**

**Total Number in Household:** \_\_\_\_\_

Household Member #1	Age	Relationship to Child	Household Member #5	Age	Relationship to Child
Household Member #2	Age	Relationship to Child	Household Member #6	Age	Relationship to Child
Household Member #3	Age	Relationship to Child	Household Member #7	Age	Relationship to Child
Household Member #4	Age	Relationship to Child	Household Member #8	Age	Relationship to Child

**PRIMARY PARENTAL FIGURE DEMOGRAPHIC DATA**

**1. Name of Primary Parental Figure:**

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

<b>Email:</b>	<b>Date of Birth:</b> MM / DD / YY	<b>Head of household?</b> Yes No	<b>Gender:</b> M F	<b>Legal guardian of child applicant?</b> YES NO
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<b>Home Phone:</b>	<b>Work Phone:</b>	<b>Cell Phone:</b>
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**Living & Mailing Address:** (if different from child applicant)

Street \_\_\_\_\_ P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**2. Ethnicity (choose one):**

- Hispanic / Latino  
 Non-Hispanic / Non-Latino

**3. Race:**

- American Indian/Alaska Native  Asian  Black or African American  Bi-racial / Multi-racial  
 Native Hawaiian/Pacific Islander  White  Unspecified  Other: \_\_\_\_\_

**4. Language Spoken at Home:**

- Primary:** English Spanish Other: \_\_\_\_\_  
**Secondary:** English Spanish Other: \_\_\_\_\_

**5. How well does this person speak English?**

- Very Well  Not Well  
 Well  Not at all

**6. Marital Status:**

- Divorced  Married  Separated  
 Single  Widowed

**7. Occupational Status**

- Start Date:** \_\_\_\_\_
- Paying Job:**  
 Full-time  
 Part-time  
 Seasonal
- Unemployed:**  
 Time since last job: \_\_\_\_\_ months  
 No previous employment
- Job Training Program:**  
 With Salary  
 Without Salary
- Other:**  
 Homemaker  
 Retired  
 Unable to work due to disability

**8. Education**

- School Full-time  Some College  
 High School Diploma/GED  Less than High School/GED  
 Trade/Business Qualification  Baccalaureate Degree  
 Associate Degree  Other: \_\_\_\_\_

**9. Military Status**

- Is this parent currently on active duty in the U.S. Military?  YES  NO  
 Is this parent a veteran of the U.S. military?  YES  NO

**SECONDARY PARENTAL FIGURE DEMOGRAPHIC DATA**

**1. Name of Secondary Parental Figure:**

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

<b>Email:</b>	<b>Date of Birth:</b> MM / DD / YY	<b>Head of household?</b> Yes No	<b>Gender:</b> M F	<b>Legal guardian of child applicant?</b> YES NO
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<b>Home Phone:</b>	<b>Work Phone:</b>	<b>Cell Phone:</b>
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**Living & Mailing Address:** (if different from child applicant)

Street \_\_\_\_\_ P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**2. Ethnicity (choose one):**

- Hispanic / Latino  
 Non-Hispanic / Non-Latino

**3. Race:**

- American Indian/Alaska Native  Asian  Black or African American  Bi-racial / Multi-racial  
 Native Hawaiian/Pacific Islander  White  Unspecified  Other: \_\_\_\_\_

**4. Language Spoken at Home:**

- Primary:** English Spanish Other: \_\_\_\_\_  
**Secondary:** English Spanish Other: \_\_\_\_\_

**5. How well does this person speak English?**

- Very Well  Not Well  
 Well  Not at all

**6. Marital Status:**

- Divorced  Married  Separated  
 Single  Widowed

**7. Occupational Status**

- Start Date:** \_\_\_\_\_
- Paying Job:**  
 Full-time  
 Part-time  
 Seasonal
- Unemployed:**  
 Time since last job: \_\_\_\_\_ months  
 No previous employment
- Job Training Program:**  
 With Salary  
 Without Salary
- Other:**  
 Homemaker  
 Retired  
 Unable to work due to disability

**8. Education**

- School Full-time  Some College  
 High School Diploma/GED  Less than High School/GED  
 Trade/Business Qualification  Baccalaureate Degree  
 Associate Degree  Other: \_\_\_\_\_

**9. Military Status**

- Is this parent currently on active duty in the U.S. Military?  YES  NO  
 Is this parent a veteran of the U.S. military?  YES  NO

**FAMILY INFORMATION**

**1. Type of Housing** (choose only one)

- Apartment
- Community Shelter
- Homeless / No Housing
- Hotel / Motel Room
- House
- Migrant Housing
- Mobile Home / Trailer
- Other: \_\_\_\_\_

**2. Housing Payment Arrangement** (choose only one)

- Exchange Services for Housing
- Make No Payment for Housing
- Receive Subsidized Housing
- Own Housing
- Rent Housing
- Other: \_\_\_\_\_

**3. Length of Time at Current Address:**

- Less than 6 months
- 6 – 12 months
- 1 – 2 years
- 2+ years

**4. How many times have you moved in the past 12 months?**

**5. Type of Federal or Other Assistance Received** (choose all that apply)

- Medicaid or CHIP
- (TANF) Temporary Assistance for Needy Families
- (SSI) Supplemental Security Income
- Unemployment
- (WIC) Women, Infants, and Children
- (SNAP) Supplemental Nutrition Assistance Program (Food Stamps)

**6. Transportation**

6a. Can you or someone in your family transport your child to Head Start?  YES  NO

6b. If not, how will your child get to Head Start? \_\_\_\_\_

*(Please note that SUU Head Start does not provide bus transportation.)*

**7. Residency Status** (choose all that apply)

Yes  No Does the child's family share housing due to economic struggles? (living with other adults, including relatives)

If yes, please explain \_\_\_\_\_

Yes  No Is the child living in a shelter, hotel, motel, or lack regular, fixed residence? (domestic violence shelter, transitional housing, etc.)

If yes, please explain \_\_\_\_\_

Yes  No Is the child living in a car, park, campground, or public place?

If yes, please explain \_\_\_\_\_

**8. Third Party Verification:** If you indicated "yes" to any of the questions under section 7. **Residency Status** above, may SUU Head Start have permission to contact a person or agency who can verify your information?

YES  NO Legal Guardian Signature: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Affiliation (grandparent, shelter, etc.): \_\_\_\_\_

**ADDITIONAL INFORMATION**

If any of the following apply, please explain in more detail if desired. Use other side of paper if needed.

**1. Have there been negative changes in employment, living conditions, or income?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. Is anyone living in the household with disabilities and / or health problems?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. Briefly describe the family crisis so we may better prepare for your child (death, divorce, separation, job loss, recent move, substance abuse, incarceration, abuse, mental health, etc.) Use other side of paper if needed**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In order to provide the best services for your child and his/her needs, please answer the following:

**Social Emotional**

- Would your child rather play with other children than by him or herself?
- Does he or she often get overstimulated?
- Does he or she often hit, kick or bite?
- Can he or she make eye contact with me while we talk?

**Language/Communication**

- Do other people outside of your family understand what he/she says?
- Can he/she say their own name?
- Can he/she speak in 3-5 word sentences or more?

**Cognitive**

- Can your child understand one step directions?
- Can your child do imaginary play (like a banana is a phone)?
- Can your child stay with an activity for 5 min. or more?

**Movement**

- Can your child hop on one foot?
- Can your child feed him or herself with a spoon?
- Can your child go from sitting to standing on their own?

Has your child ever been in a classroom setting before?  Yes  No

Has your child attended the School District Preschool?  Yes  No

Is your child able to use the toilet by him/herself?  Yes  No

Is your child able to change their own clothes if they have a wetting accident?  Yes  No

Does your child have an IEP  Yes\*\*  No

**\*\*if yes, please provide referral document(s) if your child has diagnosed disabilities (ex. IEP, Disability IFSP, Doctors note etc.)\*\***

Did your child have health problems at birth? If so what \_\_\_\_\_

\_\_\_\_\_

Do you have concerns about your child's overall health and development? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CHILD HEALTH INFORMATION**

Head Start Performance Standards require that all children be up to date or on schedule with all immunizations and well child care health and dental exams.

**1. If you do not currently have a doctor, dentist, or a way to pay for appointments would you like help?**  YES  NO

**2. Conditions your child has which may be important in an emergency (choose all that apply):**

Allergies  N/A

Conditions  N/A

Insect Bites: \_\_\_\_\_

Asthma

Food: \_\_\_\_\_

Diabetes

Medication: \_\_\_\_\_

Seizure

Other: \_\_\_\_\_

Other: \_\_\_\_\_

**3. Is the condition(s) currently under control / care by physician?**  YES  NO

**4. Are there any concerns expressed by (choose one):**

Medical Provider

Primary Care Provider

Family Member

Program Staff

Social Service Agency

Other: \_\_\_\_\_

**5. Medical Insurance Providers:**

Medicare / Medicaid

Child Health Insurance Program (CHIP)

Private

No Coverage

Other: \_\_\_\_\_

**6. Insurance Effective Date:**

**Primary Insurance**

Yes  No  N/A

\_\_\_\_\_  
(MM/DD/YY)

**Dental Coverage Included**

Yes  No  N/A

**7. Current Medical Provider/Clinic:**

**Phone #:**

**Date of Last Exam:**

(MM/DD/YY)

**8. Current Dental Provider:**

**Phone #:**

**Date of Last Dental Exam:**

(MM/DD/YY)

**9. Do you have any concerns about your child's overall health?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

**1. Child's Name:** \_\_\_\_\_  
First Name \_\_\_\_\_ Last Name \_\_\_\_\_

**Date of Birth:** (MM/DD/YY) \_\_\_\_\_

**2. Medical Emergency Consent:**  
In case of injury or medical emergency, my signature below authorizes Head Start staff to give permission to any doctor, nurse, hospital personnel, or paramedic to provide medical care as they (medical personnel) deem necessary in the best interest of my child.

X \_\_\_\_\_ X \_\_\_\_\_  
**Signature of Parent / Legal Guardian      Date      Signature of Parent / Legal Guardian      Date**

**3. Primary Parent's Emergency Phone Numbers:**

Phone 1: \_\_\_\_\_  
 Home    Work    Cell    Other: \_\_\_\_\_

Phone 2: \_\_\_\_\_  
 Home    Work    Cell    Other: \_\_\_\_\_

**4. Secondary Parent's Emergency Phone Numbers:**

Phone 1: \_\_\_\_\_  
 Home    Work    Cell    Other: \_\_\_\_\_

Phone 2: \_\_\_\_\_  
 Home    Work    Cell    Other: \_\_\_\_\_

**5. Emergency Contacts:**  
If parent/guardian cannot be reached, who will know where to find you or be responsible for your child?

<b>Emergency Contact 1:</b> Name: _____	<b>Address:</b> Street _____ City _____	<b>Gender:</b> M   F
Phone 1: _____	Phone 2: _____	Relationship to Child: _____

<b>Emergency Contact 2:</b> Name: _____	<b>Address:</b> Street _____ City _____	<b>Gender:</b> M   F
Phone 1: _____	Phone 2: _____	Relationship to Child: _____

<b>Emergency Contact 3:</b> Name: _____	<b>Address:</b> Street _____ City _____	<b>Gender:</b> M   F
Phone 1: _____	Phone 2: _____	Relationship to Child: _____

<b>Emergency Contact 4:</b> Name: _____	<b>Address:</b> Street _____ City _____	<b>Gender:</b> M   F
Phone 1: _____	Phone 2: _____	Relationship to Child: _____

<b>Emergency Contact 5:</b> Name: _____	<b>Address:</b> Street _____ City _____	<b>Gender:</b> M   F
Phone 1: _____	Phone 2: _____	Relationship to Child: _____

*In the event of a medical or community emergency, SUU Head Start staff will transport your child if you or no one from your contact information can be located.*

**Transportation Release:** I hereby authorize the persons listed above to pick up my child.

X \_\_\_\_\_ X \_\_\_\_\_  
**Signature of Parent / Legal Guardian      Date      Signature of Parent / Legal Guardian      Date**



**Primary Parental Figure:**

**Name:** \_\_\_\_\_

**1. Did this parent start working with his/her current employer on or before January 2018?**

- YES** Turn in your 2017 W2.  **N/A**  
 **NO, he/she started after January 2018.**

Turn in **all** your **paystubs AND** an Employment Verification Form, DWS 630, or a letter from your employer stating your monthly income. An Employment Verification Form is attached to this application.

**2. Does this parent collect unemployment insurance?**

- YES** Turn in unemployment insurance statement or letter  
 **NO**

**3. Does this parent collect child support, even for a child who is not being enrolled for Head Start?**

- YES** Turn in an ORS statement or a divorce decree. If this is an informal arrangement, turn in a letter from the provider that states how much he/she provides.  
 **NO**

**4. Does this parent receive any grants or scholarships?**

- YES** Turn in documentation of grants and scholarships you have been awarded.  
 **NO**

**5. Does this parent receive Supplemental Security Income (SSI) benefits, including on behalf of children? Not to be confused with SSDI.**

- YES** Turn in a statement that specifically states SSI.  
 **NO**

**6. Does this parent receive Family Employment Program (FEP) benefits from Workforce Services?**

- YES** Turn in a statement of FEP.  
 **NO**

**7. Does this parent receive Social Security benefits other than SSI, including on behalf of children?**

- YES** Turn in your Benefit Verification Letters available through [www.ssa.gov](http://www.ssa.gov).  
 **NO**

**8. Does this parent receive assistance from family, friends, or organizations (church, etc.) in the form of cash, assistance with payments (they pay your rent, phone bill, buy/provide groceries, etc.), or housing (you live with them free of charge)?**

- YES** Provide a letter written by the individual or organization assisting you that describes what type of assistance they provide to you.  
 **NO**

**Secondary Parental Figure:**

**Name:** \_\_\_\_\_

**1. Did this parent start working with his/her current employer on or before January 2018?**

- YES** Turn in your 2017 W2.  **N/A**  
 **NO, he/she started after January 2018.**

Turn in **all** your **paystubs AND** an Employment Verification Form, DWS 630, or a letter from your employer stating your monthly income. An Employment Verification Form is attached to this application.

**2. Does this parent collect unemployment insurance?**

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- YES** Turn in your Benefit Verification Letters available through [www.ssa.gov](http://www.ssa.gov).  
 **NO**

**8. Does this parent receive assistance from family, friends, or organizations (church, etc.) in the form of cash, assistance with payments (they pay your rent, phone bill, buy/provide groceries, etc.), or housing (you live with them free of charge)?**

- YES** Provide a letter written by the individual or organization assisting you that describes what type of assistance they provide to you.  
 **NO**

**Legal Guardian Signature(s)**

I certify that the information in this application is correct to the best of my knowledge and is subject to verification.

X \_\_\_\_\_  
 Legal Guardian Date

X \_\_\_\_\_  
 Legal Guardian Date

**Required Documents**

- Birth Certificate or DCFS School Enrollment Letter (for foster children)
- Immunization Record – Make sure to copy the entire card, and make sure the name is on the copy.
- Income Verification – Refer to page 7 of the application.

**Schedule:**

Would you like the extended day option (6 hours/5 days) if it were available?  Yes  No

**Cedar City and St. George**

Time Preference?  Prefer  Either  Need (child will be waitlisted if your "need" is not available)  
 AM  PM

**St. George:**

Center Preference?  Prefer  Either  Need (child will be waitlisted if your "need" is not available)  
 East (Main Center)  West (New Center)

Interview conducted by: \_\_\_\_\_ Date: \_\_\_\_\_ Center: \_\_\_\_\_

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Date Accepted: \_\_\_\_\_ Start Date: \_\_\_\_\_

**Primary Adult's Annual Income**

**Secondary Adult's Annual Income**

Employment _____	Employment _____
Unemployment _____	Unemployment _____
Child Support _____	Child Support _____
Grants/Scholarships _____	Grants/Scholarships _____
Other: _____	Other: _____

**Number of Family Members:** \_\_\_\_\_

**Total Family Annual Income:** \_\_\_\_\_

**Verify Eligibility.** Check which category of eligibility this child falls into.

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Categorical                | <input type="checkbox"/> Income  | <input type="checkbox"/> Over Income (counted as part of 10% maximum) |
| <input type="checkbox"/> Homeless                   | <input type="checkbox"/> Below federal poverty guidelines  | <input type="checkbox"/> IEP  |
| <input type="checkbox"/> Foster Care / Kinship Care | <input type="checkbox"/> Public Assistance   |   |
|   | <input type="checkbox"/> Between 100 - 130% federal poverty guidelines<br>(not more than 35% of enrolled children may fall into this category) |   |

**Documentation used to determine eligibility:**

- |  |  |
|--|--|
| <input type="checkbox"/> Income Tax Forms: _____           | <input type="checkbox"/> School grants and scholarships  |
| <input type="checkbox"/> W-2 and 1099                      | <input type="checkbox"/> Foster/Kinship care documentation                                     |
| <input type="checkbox"/> Pay stub or pay envelopes         | <input type="checkbox"/> TANF documentation  |
| <input type="checkbox"/> Written statements from employers | <input type="checkbox"/> SSI documentation   |
| <input type="checkbox"/> DWS 630                           | <input type="checkbox"/> Third Party Verification  |
| <input type="checkbox"/> Employment Verification Form      | <input type="checkbox"/> Homeless based on information gathered from interview and application |
| <input type="checkbox"/> Unemployment                      | <input type="checkbox"/> No Income/Payment in Cash From  |
| <input type="checkbox"/> Child support documentation       | <input type="checkbox"/> Other: _____  |

Interview Format:  In Person  Telephone: \_\_\_\_\_

**Eligibility Determination Statement** I hereby do certify that the family is eligible to participate in the H.S. Program. I attest that I have examined the documents checked above and certify that the family is eligible in accordance with Head Start regulations and ERSEA policies.

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_ FCE Manager Verification: \_\_\_\_\_

Staff Name: \_\_\_\_\_ Title: \_\_\_\_\_

