

# Head Start Eligibility Verification



1. Child's name: \_\_\_\_\_
2. Child's date of birth: \_\_\_\_\_
3. This child is eligible to participate in the program.  Yes  No
4. Type of eligibility interview conducted  In-person  Telephone  
*(If a telephone interview was conducted, please attach an explanation why the interview was not in-person)*
5. Check the applicable category of eligibility for this child:
- SSI  Income Eligible  
 Homeless  *Between 100-130% of federal poverty guidelines*  
 Foster Care *(no more than 35% of enrolled children may fall into this category)*  
 Public assistance
6. Check the applicable determination for **over-income** children:
- Counted as part of 10% maximum for non-AI/AN programs*  
 *Counted as part of the 49% maximum for AI/AN programs*
7. 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: \_\_\_\_\_
8. Staff signature: \_\_\_\_\_ Date of eligibility verification: \_\_\_\_\_
9. Staff name: \_\_\_\_\_ Title: \_\_\_\_\_

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