



Eligibility Verification 2017-18



Age Documentation

Child's Name _____

Documentation Used to Verify Birth

Date of Birth _____

(please check one)

- Birth Certificate Comm. Based Services TANF list
 Hospital Certificate Other _____
 Immunization Cert.

| |
|---|
| <p>Is child currently age eligible to enroll in Head Start?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
|---|

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)
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 |
|---------------|--------------------|---|--|---|--------------|
| | | <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Yearly | <input type="checkbox"/> Previous 12 Months <input type="checkbox"/> Previous Calendar Year <input type="checkbox"/> Current Situation | | \$ |
| | | <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Yearly | <input type="checkbox"/> Previous 12 Months <input type="checkbox"/> Previous Calendar Year <input type="checkbox"/> Current Situation | | \$ |
| | | <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Yearly | <input type="checkbox"/> Previous 12 Months <input type="checkbox"/> Previous Calendar Year <input type="checkbox"/> Current Situation | | \$ |
| | | <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Yearly | <input type="checkbox"/> Previous 12 Months <input type="checkbox"/> Previous Calendar Year <input type="checkbox"/> Current Situation | | \$ |

| | | | | | | | | | |
|---|-----------------------------------|----------|----------|----------|----------|----------|----------|------------------------------|----------|
| Total number in the family (from application) _____ | 2017-18 Poverty Guidelines | | | | | | | Total Annual Income \$ _____ | |
| | # in Family | 2 | 3 | 4 | 5 | 6 | 7 | | 8 |
| | Amount | \$16,240 | \$20,420 | \$24,600 | \$28,780 | \$32,960 | \$37,140 | | \$41,320 |

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