CHANGE OF STATUS

nmcaa Head Start/Early Head Start

Great Start Readiness Program

1. Site/CFS_____ **2.** Child/Expectant Mother:_____ **3.** Date of Birth_____

4. [ ] **STATUS CHANGE:**

[ ] EHS   [ ] GSRP   [ ] HS   [ ] CLEO   [ ] HS-GSRP Blend   [ ] 101-130%   [ ] Over Income   [ ] Homeless   [ ] FIP   [ ] SNAP   [ ] SSI

[ ] Add Accepted Date_____ Enrolled Date_____	Drop/Transfer Explanation
[ ] Drop Effective Date_____ Last Day Attended_____	
[ ] Transfer to Site/CFS_____Effective Date_____	
[ ] Replaces_____ Remove from Waitlist?_____	

NOTE: If the Participant has dropped, follow the Drop File Procedure. It can be found on the Weebly site for your program.

5. [ ] **NAME CHANGE:** From _____

[ ] Child/Expectant Mother _____   Reason_____   Date _____

[ ] Parent/Guardian _____   Reason_____   Date _____

6. [ ] **ADDRESS/TELEPHONE/Email** Belonging to: First & Last Name_____ (Update Child Information Record)

[ ] Living_____ Zip Code_____   Mailing (if different from living)_____ Zip Code_____

[ ] Phone Cell_____   Can they receive a Text Message _____   Work_____   Email_____

7. [ ] **CUSTODY TO:** (Teacher completes a new Household Income Eligibility Statement. GSRP Only.)

[ ] Natural Parents   [ ] Foster Care   [ ] Guardian   [ ] Family Member   Date of Change_____

Parent/Guardian Name_____   Date of Birth_____   Employment Status_____   Education Level_____

Parent/Guardian Name_____   Date of Birth_____   Employment Status_____   Education Level_____

8. [ ] **NEW CHILD IN FAMILY THROUGH:** (Check which applies) [ ] Birth   [ ] Adoption   [ ] Guardianship   [ ] Power of Attorney

Child's Name_____   Date of Birth_____   Gender_____

9. [ ] **INSURANCE CHANGE**

Health Insurance [ ] Drop Date_____   [ ] Add Date_____   Insurance Company/Type Name_____

Dental Insurance [ ] Drop Date_____   [ ] Add Date_____   Insurance Company/Type Name_____

Other Notes

Staff Signature/Date_____

Procedure: HS and EHS staff will complete this form for any changes in a family or a child status. **Email completed form to (check all that apply below):**
[ ] DMT   [ ] FES/FSS   [ ] Teacher/Child's File   [ ] Ed.Coach   [ ] R&H   [ ] ERSEA Manager [ ] CFS [ ]PSC/SC [ ]CCSC [ ]WMECS