**2019-2020**  **2020-2021**

GSRP Quintile\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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|  Great Start Readiness ProgramJoint Custody Eligibility Verification (Only used when neither parent provides support to the other) |

1. Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. Program/Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Child’s Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Parent’s Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 a. Number of People in the Family + 1 GSRP Child: \_\_\_\_\_\_\_ b. Total Yearly Income: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Parent’s Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 a. Number of People in the Family: \_\_\_\_\_\_\_\_\_\_\_ b. Total Yearly Income: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Adjusted Total Number of Family Members from 4a and 5a: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_÷ 2 =\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Adjusted Total Yearly Income from 4b and 5b: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_÷ 2 =\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Was this eligibility interview conducted in person? Yes No If No, how? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Is this child eligible to participate in the program? Yes No

9. Check the applicable category of eligibility for this child:

Foster Care At or below 250% FPL -GSRP Eligible

Homeless Above 250% FPL - GSRP Over Income

 IEP – 1755 Services

Certification: *Knowingly falsifying documents and determining a child eligible for Head Start when the child does not meet the eligibility criteria can lead to criminal charges.*

10. \_\_\_\_\_\_ Parents prefer a 4-hour program \_\_\_\_\_\_ Parents prefer a 7-hour program

11. \_\_\_\_\_\_ Parents prefer bussing \_\_\_\_\_\_ Parents will transport \_\_\_\_\_\_ Parents have no transportation

12. If child has siblings, which school do they attend? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

13. Staff signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14. Staff name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

15. Verifying Staff Signature/Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Verified: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1/2020 P:\Head Start Files\UNIVERSAL\RECRUIT\GSRP Joint Custody Eligibility Verification