

GSRP Quintile \_\_\_\_\_ %

**Great Start Readiness Program**  
**Joint 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. Type of eligibility interview conducted? \_\_\_\_\_

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

Experiencing Homelessness

Above 250% FPL - GSRP Over Income

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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