# Head Start/GSRP Eligibility Verification

1. Applicants Name_____     2. Applicants Date of Birth_____

3. Parent/Guardian/Foster

A01_____     A02_____

4. Preferred Site

1_____     2_____

5. Type of eligibility interview conducted?_____

6. Indicate the applicable eligibility criterion for this child:

Experiencing Homelessness      Foster Care      Public Assistance: FIP, SNAP, SSI

| **Head Start** | **GSRP** |
|---|---|
| 0-100% of FPL | At or below 250% FPL |
| Between 101-130% of FPL | Above 250% FPL |
| Over-Income-131% and greater FPL | GSRP Early Entry |
| Head Start Returning Child?_____  Program Year_____ | |

*45 CFR 1302.12(c)(2) specifies that a program may enroll a child who would benefit from services but does not meet other eligibility requirements provided that these participants only make up to 10 percent of a program's enrollment or 49 percent in the case of AI/AN programs as described in 45 CFR 1302.12(e).

**45 CFR 1302.12(d) specifies that a program may enroll an additional 35 percent of participants whose families do not meet any other eligibility criterion and whose incomes are below 130 percent of the poverty line.

7. What documentation was used to determine eligibility and is included as part of the eligibility determination record?

| | |
|---|---|
| Tax Forms | FIS (Family Income Status) |
| W-2 | McKinney-Vento |
| MDHHS FIP/SNAP | Foster Care Reimbursement |
| Pay Stubs | SSI |
| UIA (Unemployment) | Child Support |
| Third Party | Other - please explain _____ |

8. How did hear about applying for a program? _____

9. What are your favorite things about your family? _____

10. _____ Parent prefers a 4-hour program      _____ Parent prefers a 7-hour program

11. _____ Parent prefers busing      _____ Parent will transport      _____ Parent has no transportation

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

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.*

13. Staff Signature_____     Date_____

14. Staff Name_____     Title_____

15. Verifying Staff Signature _____     Date Verified_____