SNHS, Inc.

Child Development Program

Head Start/Early Head Start

**Eligibility Statement**

1. Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Child’s DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Relevant Time Period Used: Last 12 months Last calendar year Current

4. Check the applicable category of eligibility for this child and attach appropriate verification:

**INCOME ELIGIBLITY:**

**Income** **Eligible:** Below poverty guideline **Over Income:** over 100%poverty guideline

Total Income: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Family Size: \_\_\_\_\_\_\_\_\_

**□TANF/FAP**

**SSI**

**CATEGORICAL ELIGIBILITY:**

**□Homeless: individuals who lack a fixed, regular and adequate nighttime residence and includes**

\_\_\_\_ (a) children who are sharing the housing of other persons due to a loss of housing, economic hardship or similar reason;

\_\_\_\_ (b) are living in motels, hotels, trailer parks or camping grounds due to lack of alternative adequate accommodations;

\_\_\_\_ (c) are living in emergency or transitional shelters;

\_\_\_\_ (d) are abandoned in hospitals or are awaiting foster care placement;

\_\_\_\_ (e) children who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings

\_\_\_\_ (f) children who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations or similar settings and

\_\_\_\_ (g) migratory children who qualify as homeless because they are living in circumstances described in a-c above

**□Foster Care:**

24 hour substitute care for children placed away from their parents or guardians and for whom the state agency has placement and care responsibility. This includes, but is not limited to, placements in foster family homes, foster homes of relatives, group homes, emergency shelters, residential facilities, child care institutions and pre-adoptive homes.

**5. Staff Statement**: I certify that the above eligibility information is accurate to the best of my knowledge and that the eligibility determination listed is correct.

6. Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Staff Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_