



NHA Head Start/EHS Eligibility Determination Verification AREA 4



Site/Program: _____ FID: _____

Child's Name: _____ DOB: _____

COMPLETED BY FAMILY SERVICE SUPERVISOR (FSS) or DESIGNEE

Family Composition (check only one):

- Two parent family
- Single parent family (mother figure only)
- Single parent family (father figure only)
- Guardianship
- Foster family

Child's Ethnicity:

Child's Primary Language:

Check type of insurance for this child:

Check type services Received:

- Medicaid/CHIP (Medi-Cal/Healthy Families)
- State Funded (CHDP)
- Private
- Tri-care
- No Coverage
- TANF/CALWORKS
- WIC Program
- CALFRESH (Food Stamps) Program
- Public Housing
- Energy Assistance
- Other: _____

What documentation was used to determine eligibility?

Check ALL that apply. Ensure copies of all documents are attached

Income

- Income Tax Form 1040
- W-2
- TANF documentation
- Pay stub or pay envelopes
- Unemployment
- Child Support Documentation
- Adoption Assistance Program
- Other INCOME source: _____
- Combined Income Tax Form 1040
- Foster care reimbursement
- SSI documentation
- Self-Declaration**
- Zero Income Declaration**
- 3rd Party Verification
- Homeless Verification**

Age

- Birth Certificate
- Baptism Record
- Medi-Cal Card
- Passport
- CWS Form 04-100
- Immunization Record
- Hospital Letter
- Adoption Record
- Immigration Certificate

Parent Employment Status:

Parent A

- Full time employment
- Part time employment
- Active US Military
- Retired US Military (Date: _____)
- Attending school
- Disabled
- Unemployed w/benefits
- Unemployed w/out benefits
- Homemaker

Parent B

- Full time employment
- Part time employment
- Member of US Military
- Retired US Military (Date: _____)
- Attending school
- Disabled
- Unemployed w/benefits
- Unemployed w/out benefits
- Homemaker

not applicable

Highest level of education: Parent A _____ Parent B _____
(Enter GRADE Completed)

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NHA SELECTION CRITERIA (CHECK ALL THAT APPLY) (attachments necessary)

- | | |
|--|---|
| <input type="checkbox"/> 3 Years of age at time of Application
<input type="checkbox"/> Foster Child
<input type="checkbox"/> TANF/SSI
<input type="checkbox"/> CWS/FJC Referral
<input type="checkbox"/> JCCS Student | <input type="checkbox"/> 4 Years of age at time of Application
<input type="checkbox"/> Homeless Family
<input type="checkbox"/> EHS (previously enrolled or sibling enrolled)
<input type="checkbox"/> Current IEP/IFSP |
|--|---|

ELIGIBILITY DETERMINATION VERIFICATION

- | | | |
|--|---|---|
| <input type="checkbox"/> Income Eligible
<i>(equal to or below PG)</i> | <input type="checkbox"/> Income (Categorically) Eligible
<input type="checkbox"/> Foster Care
<input type="checkbox"/> Homeless
<input type="checkbox"/> TANF/SSI (Public Assistance) | <input type="checkbox"/> Over-Income (less 130% PG)
<input type="checkbox"/> Over-Income (greater 130% PG) |
|--|---|---|

Relevant Time Period: _____

Parent A Income: \$ _____ Parent B Income: \$ _____ Total Annual Income: \$ _____

ELIGIBILITY Family Size: Adults _____ Children _____ Total **ELIGIBILITY Family Size:** _____

I have verified Family Eligibility as true and correct, by reviewing the entire Application packet and all its attached documents.
I understand that deliberately verifying false information can result in termination of employment.

Staff verifying signature:	Date of eligibility verification:
Staff name:	Title:

Received by CEU	
CEU Staff Signature:	Date Received: