

Grossmont Community College (GCC) Early Head Start (EHS) Eligibility Determination Verification



To be completed by NHA Staff to verify and determine program eligibility.

Child Name: _____ **Child DOB:** _____

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
- SNAP 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

ELIGIBILITY DETERMINATION VERIFICATION

Income Eligible
(equal to or below PG)

Income (Categorically) Eligible
 Foster Care
 Homeless
 TANF/SNAP/SSI (Public Assistance)

Over-Income (Above PG)
 <130% over income
 130%+ over income

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:

NHA SELECTION CRITERIA (CHECK ALL THAT APPLY)

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> 3 Years of age at time of Application <input type="checkbox"/> Foster Child <input type="checkbox"/> TANF/SNAP/SSI <input type="checkbox"/> CWS/FJC Referral | <ul style="list-style-type: none"> <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 |
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