

National School District (NSD) Head Start Eligibility Determination Verification



PAGE 1 of 2

To be completed by NSD Staff after the Signature Addendum Page has been completed.

Child's Name: _____ DOB: _____

FID: _____

Parent A DOB: _____ Parent B DOB: _____

Family Composition (check only one):

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

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

Child's Ethnicity:

Child's Primary Language:

Does child have IEP

- yes if yes, 1st and signature page must be attached
- no

Check type of insurance for this child:

- Medicaid/CHIP (Medi-Cal/Healthy Families)
- State Funded (CHDP)
- Private
- Tri-care
- No Coverage

Check type services Received:

- TANF/CALWORKS
- WIC Program
- CALFRESH (Food Stamps) Program
- Public Housing
- Energy Assistance
- Other: _____

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** not applicable
- 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

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

NSD Head Start Eligibility Determination Verification

PAGE 2 of 2

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

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

ELIGIBILITY DETERMINATION VERIFICATION

Income Eligible

(equal to or below PG)

Categorically Eligible

- Foster Care
- Homeless
- TANF/SSI (Public Assistance)

Over-Income (below 130% PG)

Over-Income (above 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:

NHA SELECTION CRITERIA

(CHECK ALL THAT APPLY)

- 3 Years of age at time of Application
- 4 Years of age at time of Application
- Foster Child
- Homeless Family
- TANF/SSI
- EHS (previously enrolled or sibling enrolled)
- CWS/FJC Referral
- Current IEP/IFSP
- JCCS Student