

Confirmation of Head Start/Early Head Start Eligibility

Because funding for this program is made available by the Office of Head Start, participants must confirm their eligibility for Head Start or Early Head Start services. Please check the boxes that apply. You will need to provide proof of your income if only E or F apply.

		Check all that apply
A	I have a child or stepchild that currently receives Head Start or Early Head Start Services	<input type="checkbox"/>
B	I have a child or stepchild that currently is on a waiting list for Head Start or Early Head Start Services.	<input type="checkbox"/>
C	I have a foster child	<input type="checkbox"/>
D	I have a child or stepchild that receives public assistance (TANF or SSI)	<input type="checkbox"/>
E	I have a child or stepchild that is between the ages of 0-5 AND my family income is below <u>100%</u> of the national poverty guidelines (see below)	<input type="checkbox"/>
F	I am pregnant (or my partner is pregnant) and my family income is below <u>100%</u> of the national poverty guidelines (see below)	<input type="checkbox"/>

_____ Printed Name

Head Start Income Guidelines

Persons in Family or Household	100%
1	\$10,830
2	14,570
3	18,310
4	22,050
5	25,790
6	29,530
7	33,270
8	37,010

For each additional person, add	\$3,740
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SOURCE: *Federal Register*, Vol. 74, No. 14, January 23, 2009, pp. 4199–4201

Office Use Only

Class: _____ Cohort: _____ Agency: _____ ID: _____ Entered: _____