

Tri-County Head Start/Early Head Start

Eligibility Priority Criteria For Agency Use Only

Child's Name _____

DOB _____

Center(s) Applied for: _____

Year 1 2 3

Instructions: Check one box in each area based upon information from the application and/or other sources. When appropriate, write in comments to document reason for selection. Sign the form below and attach it to the application.

Categorically Eligible (homeless, SNAP/TANF/SSI benefit recipient, or foster/kinship care):		100
Area		Score
Age By Sept. 1st	3 years old	95
	4 years old	85
	Turns 3 years after September 1 st	75
Income	Low Income 100 - 75% below poverty guidelines	95
	Low Income 74 - 50% below poverty guidelines	85
	Low Income 49 - 25% below poverty guidelines	75
	Low Income 24 - 0% below poverty guidelines	65
	Over Income 1 - 24% over poverty guidelines	25
	Over Income 25 - 50% over poverty guidelines	15
	Over Income 51% and over poverty guidelines	05
Disability	Confirmed Disability (Has medical diagnosis, IEP or IFSP)	75
	Suspected (parental or physician concern delay; No IEP or IFSP)	65
	No Disability	00
Parental Status	Foster Parent	95
	Guardian: Grandparent ____ Relative ____	85
	Incarcerated Parent	80
	Teen Parent	80
	One Parent	75
	Two Parent	65
Other Factors	Multiple Factors (combo of 2 below)	100
	Dual Language Learner	65
	Medicaid	60
	Transition from EHS	55
	No Apparent Social Service or Special Need	00
Risk Factors	Social Service Involvement (has a case plan, out of home placement, etc.)	95
	Agency Referral	85
	History of Family Trauma (domestic violence, substance misuse, mental health concerns, etc.)	75
	High Risk Pregnancy/Lack of Prenatal Care	65

Over Income ____ Eligible ____

Total Points _____

Status Accepted _____(date) Enrolled _____(date)

Staff Completing Form

Date