

Tri-County Head Start/Early Head Start

ERSEA Verification Form

Child's Name _____

Center: _____

School Term: _____

Before a child can be accepted into the Head Start/Early Head Start Program the Center Coordinator and Staff member must verify every child's application for age, income, and criteria sheet for accuracy. Please sign and date when the child's age, income, and criteria sheet have been reviewed.

____ Age Verified ____ Income Verified ____ SNAP/TANF/SSI Verified ____ Reviewed Criteria Sheet

Comments: _____

I have reviewed the application for age, income, and criteria sheet for accuracy and found the information is correct or I have noted any concerns in the comment section.

Signature (Staff Member)

Date

____ Age Verified ____ Income Verified ____ SNAP/TANF/SSI Verified ____ Reviewed Criteria Sheet

Comments: _____

I have reviewed the application for age, income, and criteria sheet for accuracy and found the information is correct or I have noted any concerns in the comment section.

Signature (Staff Member)

Date

Send any concerns or addition/subtraction problems to the Family Service Coordinator.

File the original form with the child's application **under the criteria sheet.**

Only send the ERSEA Verification Form to the Director if there is need for a follow-up.

When the follow-up is complete the Director will initial and return the form to the Center.

Follow up needed Yes No **If yes, date of correction** _____ **Director's Initials** _____