

Tri-County Head Start/Early Head Start

Eligibility Priority Criteria

For Agency Use Only

Child's Name _____ DOB _____

Center Applied for: Early Head Start Year 1 2 3 4 School Term: _____

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	Age Eligible 0-3 Age at application _____	***
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	75
	One Parent	75
	Two Parent	65
Other Factors	Multiple Factors (combo of 2 below)	95
	Dual Language Learner	75
	Medicaid	50
	No Apparent Social Service or Special Need	00
Risk Factors	Combination of two or more risk factors	125
	Social Service Involvement (has case plan, safety plan, etc.)	95
	Agency Referral	85
	History of Family Trauma (domestic violence, substance misuse, DCF involvement, etc.)	75
	High Risk Pregnancy/Lack of Prenatal Care	65

Over Income ____ Eligible ____ Total Points _____

Status Accepted _____(date) Enrolled _____(date)

Staff Completing Form

Date