



Spokane Head Start/EHS ERSEA ELIGIBILITY VERIFICATION FORM

Program Year: _____

1. Child's Last Name: _____ First: _____ M.I.: _____

2. Child's date of birth: _____ Is this child eligible? Yes No

3. Annual income: _____ Family size: _____

4. Check the applicable category of eligibility for this child: (*Select one category*)

- SSI (Supplemental Security Income) Income: (*Check box that applies*)
- Homeless *Below 0-100% federal poverty*
- Foster care *Between 101-130% of Federal Poverty Guidelines (no more than 35% enrolled)*
- Public Assistance (TANF) Over-Income 130%

5. What documentation was used to determine eligibility? (*Check all that apply*)

- SSI documentation Income Tax form
- Family Housing Survey W-2 Form
- Declaration of no income Pay Stubs
- Foster Care documentation Letter from employer
- Kinship Care documentation Child Support
- TANF documentation Grants/Scholarship
- Children's Administration Caregiver Authorization Unemployment
- Other _____

6. Was there an in-person enrollment interview? Yes No

If no, explain:

Signatures

I have determined this child's eligibility and have examined the documents listed above. I understand that intentionally falsifying eligibility is a serious offense that subject to a just cause investigation which could result in disciplinary action up to and including dismissal.

Staff signature _____ Date of eligibility verification _____

I have reviewed this child's eligibility and the documents listed above.

Manager Signature _____ Date of Review _____

DEFINITION OF INCOME: The total annual cash receipts before taxes (gross income) from all sources.

Considered Income:

- Wages/salary before deductions
- Net income/from self-employment
- Retirement
- Social Security regular payments
- Worker’s compensation
- Veterans’ benefits
- Alimony
- Child support
- Military family allotments
- College scholarships, grants, fellowships

Not Considered Income:

- Capital gains
- Assets gained from sale of property, house or car
- Tax refunds
- Gifts
- Loans
- Lump-sum inheritance
- One-time insurance payments of compensation for injury
- Non-cash benefits such as: Medicaid or Medicare
 - Food stamps
 - School lunches
 - Housing assistance

PERIOD OF TIME for determining eligibility

- The 12 months immediately preceding the month in which application to the program is made for the upcoming program year.
- The preceding calendar year.

PROOF OF BIRTHDATE

Documents which can be used for verification of age:

- Birth certificate
- Birth record (hospital copy)
- Hospital announcements (from web pages)
- Child profile record (children born in WA)
- Medical, dental, mental health provider documents
- Passport
- Court documents

DEFINITION OF HOMELESS

“Homeless children” means:

1. Individuals who lack a fixed, regular and adequate nighttime residence; and
2. Includes:
 - a. Children and youths who are sharing the housing of other persons due to loss of housing, economic hardship or a similar reason; are living in motels, hotels, trailer parks or camping grounds due to lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement;
 - b. Children and youths who have a primary night-time residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings;
 - c. Children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and
 - d. Migratory children who qualify as homeless because they are living in circumstances described in a-c above.

Sec. 725(2) of the McKinney-Vento Homeless Assistance Act.

DEFINITION OF FAMILY

1305.3(e) Family means all persons living in the same household who are:

1. Supported by the income of the parent(s) or guardian(s) of the child enrolling or participating in the program, **and**
2. related to the parent(s) or guardian(s) by blood, marriage or adoption.

Calculations