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| F:\SHARE\Forms Transfers\Forms-latest PDFs and logos\CCS logos\CCS Sig stacked blk 1.5 PC.eps | Spokane Head Start/EHSERSEA Eligibility Verification FORM |
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|  | 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 |       |
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| I have reviewed this child’s eligibility and the documents listed above. |
| Manager Signature |       | Date of Review |       |
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| **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
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| **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.
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| **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
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| **DEFINITION OF HOMELESS** |
| **“Homeless children” means:**1. Individuals who lack a fixed, regular and adequate nighttime residence; and
2. Includes:
	1. 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;
	2. 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;
	3. Children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and
	4. 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. |
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| **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.
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| **Calculations** |