Home Based Enrollment Verification Checklist
*Management Form

Applicant's Last, First Middle Name: _____   Site: _____

Name of staff completing enrollment: _____   Date: _____

Staff completing ERSEA review: _____   Date: _____

*Following items must be completed BEFORE enrollment and applicants 1st day of attendance			
Documentation/Item to check	**Item Complete**	**Not applicable**	**Item incomplete**
ERSEA			
* Verified to be next child on the waitlist according to the selection criteria points.			
Over income form is approved, copy with approval signatures in the file			
Child of a staff person form is approved, copy with approval in the file			
EHS Transfer, coordination with the EHS Coordinator/Eligibility & Program Governance Specialist has occurred prior to placement			
Health Dental Nutrition			
* Participant is up-to-date on all immunizations - verified & signed by HNCS			
Immunization Exemption form is signed by doctor, parent, and signed off by HNCS			
Prenatal			
Proof of Pregnancy			
USDA			
* CACFP Enrollment Form is complete and accurate			
Request for Special Dietary Accommodations is approved by USDA Manager			
Fluid Milk Substitution is approved by USDA Manager			
Special Services/Mental Health - Content Specialist Signature required if there are any diagnosed disabilities or concerns			
□ There is current IFSP/IEP in the file	Notes:		
□ There is suspected developmental delay			
□ There are behavior health concerns			
□ There are mental health concerns			
□ There is a consent to release form	SSCS/MHCS/or Designee		
□ No concerns - does not require SSCS/MHCS signature	Signature:		

* Items with a red asterisk are to be completed for ALL children before they are accepted for enrollment
Items that do not have an asterisk need to be completed before child is accepted for enrollment, only if applicable

Accepted for Enrollment - child is fully eligible to start program

_____   _____
Assistant Center Manager or Designee Signature   Date