**Applicant Name (Last) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (First Middle) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**INSTRUCTIONS:** Check each box that applies based on information from the application and/or other sources. Write comments as needed.

Sign form below.

|  |  |
| --- | --- |
| **MUST BE USED AS IS - NO CHANGES** |  |
| **PARENTAL STATUS - ONLY SELECT ONE**  | **REQUIRED CONSIDERATION – Select all that apply**  |
| Non-Parent/Guardian  | 50 | ( ) | Diagnosed Disability (IFSP for EHS and MSHS ONLY)(IEP for HS and MSHS ONLY) | 200 | ( ) |
| One Parent/Guardian  | 30 | ( ) | Child’s Disability Diagnostic is in process  (Copy of referral from diagnosing agency) | 50 | ( ) |
| Two-Parent/Guardian | 0 | ( ) | Applicant is transitioning from EHS | 150 | ( ) |
| **INCOME – ONLY SELECT ONE**  | Returning family or family transferring from another Head Start Program within the last program year. | 50 | ( ) |
| Below 100% of Poverty Guidelines | 300 | ( ) | **AGENCY CONSIDERATION - Select all that apply**  |
| Between 101%-130% of Poverty Guidelines | 100 | ( ) | Family referred by Professional or Agency(MD, LEA,WIC, Shelter, Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  30 |  ( ) |
| Over 131+% of Poverty Guidelines | 0 | ( ) | One or Both Parents Have Limited English Proficiency | 30 |  ( ) |
| CATEGORICALLY ELIGIBLE(Circle All that apply, but only award 500 points once)Homeless FamilyFoster FamilyFamily Receiving Public Assistance (TANF, SSI, or SNAP) | 500 | ( ) | There are abuse issues at home  (child, spousal, drug, or alcohol) | 30 |  ( ) |
| Parent is currently a teen parent who is 13 -19 years old. | 30 |  ( ) |
| Whole family has moved their residence in search of agricultural work within the last 3 years ( Copy of proof in file)  | 30 |  ( ) |
| Both parents in two-parent home or parents in single-parent home are currently working  | 20 | ( ) |
| Applicant has parent/guardian on Military Deployment or is a Disabled Veteran | 20 |  ( ) |
| **CHILD’S AGE – HEAD START ONLY - by August 31st, 2023 –** **ONLY SELECT ONE**  | Applicant suffers severe health problems  (See list on back) | 20 | ( ) |
| 4 Yrs by August 31ST | 200 | ( ) | Parent has a developmental, physical, or mental health disability that affects their ability to parent | 20 |  ( ) |
| 3 Yrs Old by August 31ST OR EHS Transfer | 0 | ( ) | One parent with less than 8th-grade education | 20 |  ( ) |
| **APPLICANT’S AGE – EARLY HEAD START ONLY - by August 31st, 2023 - ONLY SELECT ONE**  | One parent has been deported | 10 |  ( ) |
| Prenatal  | 100 | ( ) | Applicant has incarcerated parent | 10 |  ( ) |
| Birth – 12mon | 30 | ( ) | Applicant has deceased parent | 10 |  ( ) |
| 13mon – 24mon | 20 | ( ) | Applicant was born under 5 pounds or premature <32 Weeks | 10 |  ( ) |
| 25mon – 36mon  | 10 | ( ) | **TOTAL POINTS** |  |
| **MSHS CONSIDERATION – MSHS ONLY (No age differential)** | **Notes:**  |  |  |
| Migrant move within the last 12 months | 500 | ( ) |  |  |  |
| Migrant move within the last 24 months | 400 | ( ) |  |  |  |
|  |  |  |  |  |  |
| Date Print Name Signature of Staff Completing Form  Date Print Name Eligibility Team Member Signature    |
| **Biological, Medical, and Other** **Established Risks For Children**These categories of risk are to identify young children at risk for adverse developmental outcomes. They are examples of some risk factors. Other risk factors may be considered on a case-by-case basis.* Child born with major genetic or health conditions such as Downs Syndrome, Spina Bifida, Autism, Craniofacial Anomaly, Heart Defects, Sickle Cell Disease, etc.
* Child has serious vision, hearing, or physical problems, such as legal blindness, deaf, unable to walk, etc.
* Child has a diagnosis from a behavioral or mental health professional
* Child has asphyxia—lack of oxygen intake caused by interruption of breathing
* Child has asthma which has resulted in hospital stays within the last year
* Child has diabetes or cancer
* Child has a sibling with documented disabilities
* Child has evidence of prenatal exposure to drugs
* Nutritional deficits, such as failure to thrive
* Other severe medical illness: describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**AGE of CHILD as of August 31, 2023**

|  |
| --- |
| 4 years old…...Birthdate between 9-1-2019 and 8-31-2020 |
|  |
| 3 years old……Birthdate between 9-1-2020 and 8-31-2021 |

|  |
| --- |
| **Notes on Final Selection** |
| **Date** | **Initials** |  **Comments** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

 |
|  |