**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 Family  Foster Family  Family 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** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | | | | | | | |
|  | | | | | | |