



NAVAJO HEAD START CHECK LIST 2017-2018

Child's Name: _____

Classroom: _____

Birthdate: _____

| | | |
|--|-------------|--|
| <input type="radio"/> Returning Student <input type="radio"/> New Student | | Program: <input type="radio"/> HS or <input type="radio"/> EHS |
| <input type="radio"/> Application Date (3 rd year requires update or significant change in income) | | <input type="radio"/> Child Plus Entry |
| <input type="radio"/> Application Complete | | <input type="radio"/> Child Plus Update |
| Eligibility: <input type="radio"/> Categorical (Verified) <input type="radio"/> Income | | |
| Type of Documents: <input type="radio"/> Check Stub <input type="radio"/> TANF <input type="radio"/> SSI <input type="radio"/> Statement (Verified) <input type="radio"/> Birth Certificate / Announcement | | |
| Selection Criteria: Points _____ | | |
| Monitoring Signatures: <input type="radio"/> Eligibility Income <input type="radio"/> Selection Criterion | | |
| Insurance: <input type="radio"/> AHCCCS <input type="radio"/> Private - Type _____ | | |
| <input type="radio"/> Military – Type _____ <input type="radio"/> None <input type="radio"/> Not Eligible | | |
| <input type="radio"/> CIB <input type="radio"/> Map (Physical Address) <input type="radio"/> Power of Attorney | | |
| <input type="radio"/> Immunization (Hospital Print or Card Copy Card Copy must be followed by a Hospital Print) <input type="radio"/> IEP (Attached) <input type="radio"/> IFSP (Attached) | | |
| Health Requirements and Results: | Date | Due |
| 1. Physical Exam / EPSDT (well-baby check up) | | |
| 2. Blood Pressure | | |
| 3. HT/WT | | |
| 4. HCT/HGB | | |
| 5. Lead | | |
| 6. Allergies | | |
| 7. Dental | | |
| 8. Dental Screening | | |
| 9. Fluoride | | |
| 10. Vision | | |
| 11. Stereopsis | | |
| 12. Audio (Hearing) | | |
| 13. Developmental | | |
| 14. Social Emotional | | |
| Notes: | | |

Staff Name: _____ Date: _____

Updated By: _____ Date: _____



Navajo Head Start

Program Applied For ☐ HS ☐ EHS ☐ Full Day ☐ Part DayApplicant & Family Member Information Region: ☐ I ☐ II ☐ III ☐ IV Site: _____

Applicant

| | | | | | | | |
|---------------------------------------|--|------------------------------|-------------------------------------|---------------------------------------|-------------------------------------|---------------------|-----------------------|
| First | Middle | Last | Suffix | Nickname | Birthday | Gender | Census Number / Tribe |
| | | | | | | | |
| Race | | Hispanic | English Proficiency | Other Language | Other Language Proficiency | | |
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Yes | <input type="checkbox"/> Little | | <input type="checkbox"/> Little | | |
| <input type="checkbox"/> Black | <input type="checkbox"/> Hawaiian/Pacific Islander | <input type="checkbox"/> No | <input type="checkbox"/> Moderate | | <input type="checkbox"/> Moderate | | |
| <input type="checkbox"/> White | <input type="checkbox"/> Multi-Racial | | <input type="checkbox"/> None | | <input type="checkbox"/> None | | |
| <input type="checkbox"/> Other: _____ | | | <input type="checkbox"/> Proficient | | <input type="checkbox"/> Proficient | | |
| Primary Health Coverage | | Other Coverage | Insurance # | Medicaid Eligibility | Medicaid # | Doctor/Medical Home | |
| | | | | <input type="checkbox"/> Not Eligible | | | |
| | | | | <input type="checkbox"/> On Medicaid | | | |
| | | | | <input type="checkbox"/> Potentially | | | |
| Dental Coverage | | Dental Coverage # | | Dentist/Dental Home | | | |

Primary Adult

| | | | | | | | |
|---|--|-------------------------------------|---|--|-------------------------------------|--|-----------------------|
| First | Middle | Last | Suffix | Nickname | Birthday | Gender | Census Number / Tribe |
| | | | | | | | |
| Race | | Hispanic | English Proficiency | Other Language | Other Language Proficiency | | |
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Yes | <input type="checkbox"/> Little | | <input type="checkbox"/> Little | | |
| <input type="checkbox"/> Black | <input type="checkbox"/> Hawaiian/Pacific Islander | <input type="checkbox"/> No | <input type="checkbox"/> Moderate | | <input type="checkbox"/> Moderate | | |
| <input type="checkbox"/> White | <input type="checkbox"/> Multi-Racial | | <input type="checkbox"/> None | | <input type="checkbox"/> None | | |
| <input type="checkbox"/> Other: _____ | | | <input type="checkbox"/> Proficient | | <input type="checkbox"/> Proficient | | |
| Highest Grade Completed | | Employment Status | | Child's Relationship | Custody | Check all that apply: | |
| <input type="checkbox"/> Associate's | <input type="checkbox"/> Grade 10 | <input type="checkbox"/> Full Time | <input type="checkbox"/> Full Time & Training | <input type="checkbox"/> Biological/Adopted/Step | <input type="checkbox"/> Yes | <input type="checkbox"/> Lives with Family | |
| <input type="checkbox"/> Bachelor's | <input type="checkbox"/> Grade 11 | <input type="checkbox"/> Part Time | <input type="checkbox"/> Part Time & Training | <input type="checkbox"/> Grandchild | <input type="checkbox"/> No | <input type="checkbox"/> Provides Financial Support | |
| <input type="checkbox"/> Col Deg/Train | <input type="checkbox"/> Grade 12 | <input type="checkbox"/> Seasonal | <input type="checkbox"/> Training or School | <input type="checkbox"/> Other Relative | | <input type="checkbox"/> Teen Parent | |
| <input type="checkbox"/> Col or Adv Train | <input type="checkbox"/> < Grade 9 | <input type="checkbox"/> Unemployed | <input type="checkbox"/> Retired or Disabled | <input type="checkbox"/> Foster | | If teen parent, subsidized? | |
| <input type="checkbox"/> GED | <input type="checkbox"/> HS Graduate | | | <input type="checkbox"/> Other | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | <input type="checkbox"/> Master's | | | | | | |
| Email Address: _____ | | | | | | | |

Secondary or Other Adult

| | | | | | | | |
|---|--|-------------------------------------|---|--|-------------------------------------|--|-----------------------|
| First | Middle | Last | Suffix | Nickname | Birthday | Gender | Census Number / Tribe |
| | | | | | | | |
| Race | | Hispanic | English Proficiency | Other Language | Other Language Proficiency | | |
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Yes | <input type="checkbox"/> Little | | <input type="checkbox"/> Little | | |
| <input type="checkbox"/> Black | <input type="checkbox"/> Hawaiian/Pacific Islander | <input type="checkbox"/> No | <input type="checkbox"/> Moderate | | <input type="checkbox"/> Moderate | | |
| <input type="checkbox"/> White | <input type="checkbox"/> Multi-Racial | | <input type="checkbox"/> None | | <input type="checkbox"/> None | | |
| <input type="checkbox"/> Other: _____ | | | <input type="checkbox"/> Proficient | | <input type="checkbox"/> Proficient | | |
| Highest Grade Completed | | Employment Status | | Child's Relationship | Custody | Check all that apply: | |
| <input type="checkbox"/> Associate's | <input type="checkbox"/> Grade 10 | <input type="checkbox"/> Full Time | <input type="checkbox"/> Full Time & Training | <input type="checkbox"/> Biological/Adopted/Step | <input type="checkbox"/> Yes | <input type="checkbox"/> Lives with Family | |
| <input type="checkbox"/> Bachelor's | <input type="checkbox"/> Grade 11 | <input type="checkbox"/> Part Time | <input type="checkbox"/> Part Time & Training | <input type="checkbox"/> Grandchild | <input type="checkbox"/> No | <input type="checkbox"/> Provides Financial Support | |
| <input type="checkbox"/> Col Deg/Train | <input type="checkbox"/> Grade 12 | <input type="checkbox"/> Seasonal | <input type="checkbox"/> Training or School | <input type="checkbox"/> Other Relative | | <input type="checkbox"/> Teen Parent | |
| <input type="checkbox"/> Col or Adv Train | <input type="checkbox"/> < Grade 9 | <input type="checkbox"/> Unemployed | <input type="checkbox"/> Retired or Disabled | <input type="checkbox"/> Foster | | If teen parent, subsidized? | |
| <input type="checkbox"/> GED | <input type="checkbox"/> HS Graduate | | | <input type="checkbox"/> Other | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | <input type="checkbox"/> Master's | | | | | | |
| Email Address: _____ | | | | | | | |

Additional Child (Non-Applicant) *

| | | | | | | | |
|---------------------------------------|--|------------------------------|-------------------------------------|----------------|-------------------------------------|--------|---------------|
| First | Middle | Last | Suffix | Nickname | Birthday | Gender | Census Number |
| | | | | | | | |
| Race | | Hispanic | English Proficiency | Other Language | Other Language Proficiency | | |
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Yes | <input type="checkbox"/> Little | | <input type="checkbox"/> Little | | |
| <input type="checkbox"/> Black | <input type="checkbox"/> Hawaiian/Pacific Islander | <input type="checkbox"/> No | <input type="checkbox"/> Moderate | | <input type="checkbox"/> Moderate | | |
| <input type="checkbox"/> White | <input type="checkbox"/> Multi-Racial | | <input type="checkbox"/> None | | <input type="checkbox"/> None | | |
| <input type="checkbox"/> Other: _____ | | | <input type="checkbox"/> Proficient | | <input type="checkbox"/> Proficient | | |

Additional Child (Non-Applicant) *

| | | | | | | | |
|---------------------------------------|--|------------------------------|-------------------------------------|----------------|-------------------------------------|--------|---------------|
| First | Middle | Last | Suffix | Nickname | Birthday | Gender | Census Number |
| | | | | | | | |
| Race | | Hispanic | English Proficiency | Other Language | Other Language Proficiency | | |
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Yes | <input type="checkbox"/> Little | | <input type="checkbox"/> Little | | |
| <input type="checkbox"/> Black | <input type="checkbox"/> Hawaiian/Pacific Islander | <input type="checkbox"/> No | <input type="checkbox"/> Moderate | | <input type="checkbox"/> Moderate | | |
| <input type="checkbox"/> White | <input type="checkbox"/> Multi-Racial | | <input type="checkbox"/> None | | <input type="checkbox"/> None | | |
| <input type="checkbox"/> Other: _____ | | | <input type="checkbox"/> Proficient | | <input type="checkbox"/> Proficient | | |

Additional Child (Non Applicant)

This Section for Agency Use Only:

Applicant Name: _____ Birthday _____

| Additional Child (Non-Applicant) * | | | | | | | |
|---------------------------------------|--|------------------------------|-------------------------------------|----------------|-------------------------------------|--------|---------------|
| First | Middle | Last | Suffix | Nickname | Birthday | Gender | Census Number |
| Race | | Hispanic | English Proficiency | Other Language | Other Language Proficiency | | |
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Yes | <input type="checkbox"/> Little | | <input type="checkbox"/> Little | | |
| <input type="checkbox"/> Black | <input type="checkbox"/> Hawaiian/Pacific Islander | <input type="checkbox"/> No | <input type="checkbox"/> Moderate | | <input type="checkbox"/> Moderate | | |
| <input type="checkbox"/> White | <input type="checkbox"/> Multi-Racial | | <input type="checkbox"/> None | | <input type="checkbox"/> None | | |
| <input type="checkbox"/> Other: _____ | | | <input type="checkbox"/> Proficient | | <input type="checkbox"/> Proficient | | |
| Additional Child (Non-Applicant) * | | | | | | | |
| First | Middle | Last | Suffix | Nickname | Birthday | Gender | Census Number |
| Race | | Hispanic | English Proficiency | Other Language | Other Language Proficiency | | |
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Yes | <input type="checkbox"/> Little | | <input type="checkbox"/> Little | | |
| <input type="checkbox"/> Black | <input type="checkbox"/> Hawaiian/Pacific Islander | <input type="checkbox"/> No | <input type="checkbox"/> Moderate | | <input type="checkbox"/> Moderate | | |
| <input type="checkbox"/> White | <input type="checkbox"/> Multi-Racial | | <input type="checkbox"/> None | | <input type="checkbox"/> None | | |
| <input type="checkbox"/> Other: _____ | | | <input type="checkbox"/> Proficient | | <input type="checkbox"/> Proficient | | |
| Additional Child (Non-Applicant) * | | | | | | | |
| First | Middle | Last | Suffix | Nickname | Birthday | Gender | Census Number |
| Race | | Hispanic | English Proficiency | Other Language | Other Language Proficiency | | |
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Yes | <input type="checkbox"/> Little | | <input type="checkbox"/> Little | | |
| <input type="checkbox"/> Black | <input type="checkbox"/> Hawaiian/Pacific Islander | <input type="checkbox"/> No | <input type="checkbox"/> Moderate | | <input type="checkbox"/> Moderate | | |
| <input type="checkbox"/> White | <input type="checkbox"/> Multi-Racial | | <input type="checkbox"/> None | | <input type="checkbox"/> None | | |
| <input type="checkbox"/> Other: _____ | | | <input type="checkbox"/> Proficient | | <input type="checkbox"/> Proficient | | |
| Additional Child (Non-Applicant) * | | | | | | | |
| First | Middle | Last | Suffix | Nickname | Birthday | Gender | Census Number |
| Race | | Hispanic | English Proficiency | Other Language | Other Language Proficiency | | |
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Yes | <input type="checkbox"/> Little | | <input type="checkbox"/> Little | | |
| <input type="checkbox"/> Black | <input type="checkbox"/> Hawaiian/Pacific Islander | <input type="checkbox"/> No | <input type="checkbox"/> Moderate | | <input type="checkbox"/> Moderate | | |
| <input type="checkbox"/> White | <input type="checkbox"/> Multi-Racial | | <input type="checkbox"/> None | | <input type="checkbox"/> None | | |
| <input type="checkbox"/> Other: _____ | | | <input type="checkbox"/> Proficient | | <input type="checkbox"/> Proficient | | |
| Additional Child (Non-Applicant) * | | | | | | | |
| First | Middle | Last | Suffix | Nickname | Birthday | Gender | Census Number |
| Race | | Hispanic | English Proficiency | Other Language | Other Language Proficiency | | |
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Yes | <input type="checkbox"/> Little | | <input type="checkbox"/> Little | | |
| <input type="checkbox"/> Black | <input type="checkbox"/> Hawaiian/Pacific Islander | <input type="checkbox"/> No | <input type="checkbox"/> Moderate | | <input type="checkbox"/> Moderate | | |
| <input type="checkbox"/> White | <input type="checkbox"/> Multi-Racial | | <input type="checkbox"/> None | | <input type="checkbox"/> None | | |
| <input type="checkbox"/> Other: _____ | | | <input type="checkbox"/> Proficient | | <input type="checkbox"/> Proficient | | |
| Additional Child (Non-Applicant) * | | | | | | | |
| First | Middle | Last | Suffix | Nickname | Birthday | Gender | Census Number |
| Race | | Hispanic | English Proficiency | Other Language | Other Language Proficiency | | |
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Yes | <input type="checkbox"/> Little | | <input type="checkbox"/> Little | | |
| <input type="checkbox"/> Black | <input type="checkbox"/> Hawaiian/Pacific Islander | <input type="checkbox"/> No | <input type="checkbox"/> Moderate | | <input type="checkbox"/> Moderate | | |
| <input type="checkbox"/> White | <input type="checkbox"/> Multi-Racial | | <input type="checkbox"/> None | | <input type="checkbox"/> None | | |
| <input type="checkbox"/> Other: _____ | | | <input type="checkbox"/> Proficient | | <input type="checkbox"/> Proficient | | |
| Additional Child (Non-Applicant) * | | | | | | | |
| First | Middle | Last | Suffix | Nickname | Birthday | Gender | Census Number |
| Race | | Hispanic | English Proficiency | Other Language | Other Language Proficiency | | |
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Yes | <input type="checkbox"/> Little | | <input type="checkbox"/> Little | | |
| <input type="checkbox"/> Black | <input type="checkbox"/> Hawaiian/Pacific Islander | <input type="checkbox"/> No | <input type="checkbox"/> Moderate | | <input type="checkbox"/> Moderate | | |
| <input type="checkbox"/> White | <input type="checkbox"/> Multi-Racial | | <input type="checkbox"/> None | | <input type="checkbox"/> None | | |
| <input type="checkbox"/> Other: _____ | | | <input type="checkbox"/> Proficient | | <input type="checkbox"/> Proficient | | |

Page Two (2)

Family Information, Income & Contacts

This Section for Agency Use Only:

Applicant Name: _____ Birthday _____

Family Information

Family Living Address

| Started Living At Date | Living Address | Address Line 2 | ZIP | City | State | County |
|------------------------|----------------|----------------|-----|------|-------|--------|
| | | | | | | |

Family Mailing Address

| Same as living? | Started Using Date | Mailing Address | Address Line 2 | ZIP | City | State |
|--|--------------------|-----------------|----------------|-----|------|-------|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |

| Phone Number(s) | Type (check one) | Note (extension or best time to call) | Opt In for Text Messages |
|-----------------|--|---------------------------------------|--|
| | <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| Parental Status (check one) | Primary Language at Home | Homeless Family | Active Duty Military | Referred by Child Welfare Agency | Receiving SNAP | WIC | WIC ID (if applicable) |
|--|--------------------------|---|---|---|---|---|------------------------|
| <input type="checkbox"/> One <input type="checkbox"/> Two | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Family Income

| Income Verified by | Verification Date | TANF Status | SSI |
|--------------------|-------------------|---|---|
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Formerly on TANF/Not now | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| Family Member | Amount | Per (for example: week, month, year) | Annual Amount | Description (for example: SSI, Job, Child Support) | Verification (for example: W2, check stub) | Note |
|---------------|--------|--------------------------------------|---------------|--|--|------|
| | \$ | | \$ | | | |
| | \$ | | \$ | | | |
| | \$ | | \$ | | | |

Income Notes

Emergency Contacts

| Contact 1 | Name | Relationship | Emergency Contact | Release To |
|-----------|---|---|---|--|
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Physical Address | ZIP | City | State |
| | | | | |
| Contact 2 | Phone Number 1 | Phone Number 2 | Phone Number 3 | |
| | <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work | <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work | <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work | |
| | Name | Relationship | Emergency Contact | Release To |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Contact 3 | Physical Address | ZIP | City | State |
| | | | | |
| | Phone Number 1 | Phone Number 2 | Phone Number 3 | |
| | <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work | <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work | <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work | |

| Eligibility | | | | |
|--|--|---------------------------------------|---|-------------------------------------|
| Program Term | Agency | Initial Status | | Status Date |
| 2017-2018' | | <input type="checkbox"/> New | <input type="checkbox"/> Accepted | <input type="checkbox"/> Waitlisted |
| Releases Signed | Date Signed | Child will transition to | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Location Preference Priority | Site | Classroom | | Funding |
| 1st | | | | |
| 2nd | | | | |
| 3rd | | | | |
| Enrollment Notes | | | | |
| | | | | |
| Application Date | Application Status | | Application Number | Participation Year |
| | <input type="checkbox"/> Complete & Verified <input type="checkbox"/> Incomplete, info not returned <input type="checkbox"/> Incomplete <input type="checkbox"/> Other - specify in notes | | | |
| Eligibility Date | Number in Family | Eligibility Income | | |
| | | | | |
| CACFP Date | CACFP Income | Per (for example, year, month, other) | CACFP Status | |
| | | | <input type="checkbox"/> Free (full reimbursement) <input type="checkbox"/> Paid (minimum reimbursement) <input type="checkbox"/> Reduced price (reduced reimbursement) | |
| © 2016 Management Information Technology USA, Inc. 10/26/2016 | | | | |
| Agency Specific | | | | |
| Notes: | | | | |
| <p>On a Separate Piece of Paper <u>Draw A Map From The Nearest Head Start Center To Your Home.</u> In addition, please complete the Transportation Request Survey Form to complete you application.</p> | | | | |

Parent/Guardian Signature _____ Date _____

Completing Staff Member _____ Date _____



Navajo Head Start

P.O. Box 3479

Window Rock, AZ 86515

928-871-6902 (Phone), 928-871-7866 (Fax)

ELIGIBILITY SELECTION CRITERIA

Applicant Name (First, MI, Last) _____

INSTRUCTIONS: Check each box that applies based on information from the application and/or other sources. Write comments as needed. Type of insurance can only check one. **Symbol (^) third party verification (Family, Friends, Local CHR / Chapter, etc.). Symbol (*) requires verification of documents to be attached to receive points.** Upon completion Sign form below.

| PARENTAL STATUS | | | AGENCY CONSIDERATION | | |
|--|-------|--|---|------|--|
| Foster Parent | 40 | | Navajo Native American | 40 | |
| Non Parent/Guardian | 20 | | Other Native American | 30 | |
| One Parent | 10 | | Participant DOES NOT have any type of Medicaid or Health Insurance (Immediate referral) | 30 | |
| Two Parent | 0 | | Participant's Mother is Teen Parent (13-19) | 30 | |
| INCOME | | | | | |
| Below 100% of Poverty Guidelines | 40 | | Participant is referred by Professional (i.e. Social Services, MD, LEA, WIC, Shelter, Early Intervention, etc) | * 30 | |
| 100-130% of Poverty Guidelines | 20 | | | | |
| Over 130% of Poverty Guidelines | 0 | | | | |
| HEAD START (Child's Age as of Sept 1) | | | (ATTACHED Document) | | |
| 4 Yrs 6 Mon or older | 40 | | Participant has parent/guardian Active Military Duty or Military Deployment | 20 | |
| 4 Yrs 0 Mon to 4 Yrs 5 Mon | 20 | | Participant's parent/guardian is Military Veteran | 20 | |
| 3 Yrs 6 Mon to 3 Yrs 11 Mon | 10 | | Participant receives Medicaid/AHCCCS/CHIP | 20 | |
| 3 Yrs 0 Mon to 3 Yrs 5 Mon | 5 | | Parent is Unemployed or Part-Time Employed | 20 | |
| 2.11 Yrs and Below | 0 | | Participant has sibling already in Head Start | 20 | |
| EARLY HEAD START | | | | | |
| Neonatal - 6 Months | 40 | | Participant suffers chronic health problems | 20 | |
| 7 - 12 Months | 30 | | Participant has Prenatal Mother/Guardian | 20 | |
| 13 - 18 Months | 20 | | Housing - No Electricity and/or No Indoor Plumbing | ^ 20 | |
| 19 - 24 Months | 10 | | Participant only has Private Insurance and/or does not qualify for Medicaid. | 10 | |
| 25 - 30 Months | 5 | | Family member is mentally ill (i.e. depression, anxiety, schizophrenia) | 10 | |
| 31 - 35 Months | 0 | | | | |
| REQUIRED CONSIDERATION | | | | | |
| Diagnosed Disability - IEP/IFSP | * 300 | | There has been a death in the household within the past 6 months | 10 | |
| Diagnosed Disability - Services provided by Professional | * 150 | | Participant previously enrolled in other Head Start | 10 | |
| Participant is transitioning from EHS | 125 | | Participant has Incarcerated Parent or on Probation | 10 | |
| Family Receiving SSI | * 100 | | Parent is attending school/vocational training | 10 | |
| Family Receiving NNPSR (TANF) | * 100 | | Parent suffers chronic health problems/disability | 10 | |
| Homeless Family / Childrens Home | ^ 100 | | Chronic means long term: (i.e. Diabetes, Cancer, High Blood Pressure, Sickle Cell Disease, Asthma, PTSD, etc.) | | |

Write Additional Notes here:

| | | |
|---|---|--------------|
| | | TOTAL POINTS |
| | | |
| Signature of Staff Completing Form / Date | Signature of Monitoring Staff Person / Date | |

Child's Name: _____

Date: _____

Income Calculation Worksheet

Enter information only into the shaded boxes, if they apply.

| Weekly Pay (Four pay checks per person must be entered if you use this box) | Consistent Support Payments (child support, etc.) | |
|---|---|--------------|
| Parent/Guardian 1 (_____ + _____ + _____ + _____) ÷ 4 = _____ x 52 = _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: -10px;"> Pay Check 1 Pay Check 2 Pay Check 3 Pay Check 4 Average Weekly Annual </div> | <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> | |
| Parent/Guardian 2 (_____ + _____ + _____ + _____) ÷ 4 = _____ x 52 = _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: -10px;"> Pay Check 1 Pay Check 2 Pay Check 3 Pay Check 4 Average Weekly Annual </div> | | |
| Bi-Weekly (Two pay checks per person must be entered if you use this box) | | |
| Parent/Guardian 1 (_____ + _____) ÷ 2 = _____ x 26 = _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: -10px;"> Pay Check 1 Pay Check 2 Average Bi Weekly Annual </div> | | |
| Parent/Guardian 2 (_____ + _____) ÷ 2 = _____ x 26 = _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: -10px;"> Pay Check 1 Pay Check 2 Average Bi Weekly Annual </div> | | |
| Twice a Month (Two pay checks per person must be entered if you use this box) | | |
| Parent/Guardian 1 (_____ + _____) ÷ 2 = _____ x 24 = _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: -10px;"> Pay Check 1 Pay Check 2 Average Bi Weekly Annual </div> | | |
| Parent/Guardian 2 (_____ + _____) ÷ 2 = _____ x 24 = _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: -10px;"> Pay Check 1 Pay Check 2 Average Bi Weekly Annual </div> | | |
| Monthly | | |
| <div style="display: flex; justify-content: space-between;"> <div> Parent/Guardian 1 _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: -10px;"> Pay Check </div> </div> <div> Parent/Guardian 2 _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: -10px;"> Pay Check </div> </div> </div> <div style="text-align: right; font-size: small; margin-top: -10px;"> x 12 = _____ Annual </div> | | Total |
| Total of All Pay Sources From Above <div style="float: right; border-top: 1px solid black; width: 150px; text-align: center;">Total Annual</div> | | |

OR

| | |
|--|---|
| Annual W-2 | (If this box is used, you will not use the boxes above) |
| <div style="display: flex; justify-content: space-around; align-items: center;"> <div>_____</div> <div>+</div> <div>_____</div> <div>+</div> <div>_____</div> <div>+</div> <div>_____</div> <div>+</div> <div>_____</div> <div>+</div> <div>_____</div> <div>=</div> <div style="border-bottom: 1px solid black; width: 100px;"></div> </div> <div style="display: flex; justify-content: space-between; font-size: small; margin-top: -10px;"> W2 W2 W2 W2 W2 Total Annual </div> | |

OR

| | |
|---|---|
| Annual Tax Return | (If this box is used, you will not use the boxes above) |
| <p>Income tax form 1040, W2, or other yearly documentation.</p> <div style="text-align: right; border-top: 1px solid black; width: 100px; margin-top: 20px;">Total Annual</div> | |

NOTE: PLACE TOTAL ANNUAL INCOME ON THE INCOME/ELIGIBILITY VERIFICATION FORM (#579). STAPLE THIS FORM ALONG WITH COPIES OF INCOME DOCUMENTS TO THE 579.

Navajo Head Start

Categorically Eligibility Verification Form

| | |
|--|---|
| AGE ELIGIBILITY | <p>1. Child's Name: _____</p> <p>2. Child's date of birth: _____ Age: _____ (Year / Months)</p> <p>3. This child is eligible to participate in the program <input type="checkbox"/> YES <input type="checkbox"/> NO</p> |
| CATEGORICAL ELIGIBILITY | <p>4. Check the appropriate category of eligibility for this child and documentation used:</p> <p><input type="checkbox"/> Homeless <input type="checkbox"/> Foster Care</p> |
| VERIFYING CATEGORICALLY ELIGIBILITY | <p>5. Parent / Guardian Authorization Signature: _____ Date: _____</p> <p>Third Party Name: _____ Title: _____</p> <p>Contact Number: _____</p> <p>6. Head Start Staff Verifying : _____ Title: _____</p> <p>Date verified: _____ Time Verified: _____ Circle One: Phone Interview/In Person</p> <p>Notes: _____</p> <p>7. What documentation was used to determine categorically eligibility?</p> <p><input type="checkbox"/> Foster Care Reimbursement</p> <p><input type="checkbox"/> Court Document; Legal or Government Issued Document</p> <p style="padding-left: 40px;">Describe: _____</p> <p><input type="checkbox"/> Child Welfare Document attesting foster care</p> <p><input type="checkbox"/> Other _____</p> |
| CERTIFICATION | <p>Staff Signatures Required</p> <p>Staff Signature: _____ Date of eligibility verification: _____</p> <p>Staff Name: _____ Title: _____</p> <p>Monitoring Signature: _____ Date: _____</p> <p>Monitoring Name: _____ Title: _____</p> |

Referencing OMB 0907-0374.

Referencing: 45 CFR 1305.4(a)(c), (d) and (e). To be eligible for Head Start services, a child must be at least three years old by the date used to determine eligibility for public school in the community in which the Head Start program is located, except in cases where the Head Start program's approved grant provides specific authority to serve younger children. (Head Start programs are required to verify family income before determining a child is eligible to participate in the program.)

Navajo Head Start

Income Eligibility Verification

AGE ELIGIBILITY

1. Child's Name: _____
2. Child's date of birth: _____ Age: _____ (Year / Months)
3. This child is eligible to participate in the program ☐ YES ☐ NO

EARNED INCOME ELIGIBILITY (UTILIZE FAMILY INCOME GUIDELINES)

*** Determining Categorically Eligible utilize Categorically Eligibility Verification form.**

Income Calculation: \$ _____

☐ Income (check box that applies)

☐ Below federal poverty guidelines

☐ Between 100-130% of federal poverty guidelines (no more than 35% of enrolled children may fall into this category)

☐ Over Income

☐ Counted as part of 10% maximum for non AI/AN programs

☐ Counted as part of the 49% maximum for AI/AN programs

Document used to determine income eligibility:

- ☐ Income Tax Form 1040
- ☐ W -2
- ☐ Self Reliance Documentation
- ☐ Pay Stub or Pay Envelopes
- ☐ Written Statement from employers
- ☐ SSI Documentation
- ☐ Unemployment
- ☐ Unemployed (does not work). Note: Requires third party verification. Complete
- ☐ Other _____

Third Party Verification:

5. Parent / Guardian Authorization Signature: _____ Date: _____

Third Party Name: _____ Title: _____

Contact Number: _____

6. Head Start Staff Verifying : _____ Title: _____

Date verified: _____ Time Verified: _____ **Circle One:** Phone Interview/In Person

Notes: _____

CERTIFICATION

Staff Signatures Required.

Staff Signature: _____ Date of eligibility verification: _____

Staff Name: _____ Title: _____

Monitoring Signature: _____ Date: _____

Monitoring Name: _____ Title: _____

Referencing OMB 0907-0374.

Referencing: 45 CFR 1305.4(a)(c), (d) and (e). To be eligible for Head Start services, a child must be at least three years old by the date used to determine eligibility for public school in the community in which the Head Start program is located, except in cases where the Head Start program's approved grant provides specific authority to serve younger children. (Head Start programs are required to verify family income before determining a child is eligible to participate in the program.