## Doña Ana County Head Start Eligibility Determination



Center:								
In-person Interview	w Conducted:	□ Yes □ No						
If no, Explain:								
☐ Head Start		□ Early Head Sta	rt	□ Но	me Bas	ed		
		□ Age Eligib	ility- Child	l Informatio	n			
Name								
DOB:	Age: Yrs	Age: Yrs Mths			Age verified: □Yes □No			
Which of the follo	wing documents v	was used to verify	the child's	age:				
☐ Birth Certificate	e 🗆 Bapti	smal Certificate	□ Passpo	ort		☐ Hospital record		
	·				·			
		□ Catego	rical Eligil	bility				
□ Homeless		□Foster			Verified: □Yes □No			
					·			
		□ Inco	me Eligibil	ity				
Which of the follo	wing most accura	tely reflects the fa	mily's curre	ent income (S	Select o	ne):		
□Past 12 months □Previous calend		•		. •	mploye	r for the past year		
Income Verificat	ion Documents u	sed:						
□Check Stubs	□Tax Return	□Unemployme	ent \Bullet \Bullet \W	□Written Employer Statement				
□Scholarships	□Financial Aid	□TANF		□Decleration of No Income				
□Child Support	□SSI	□1-20 Form		NAP:		□Other:		

Time Period for Income:		through							
Name of Person receiving income:		Time Frame	Source	ce Amount		Multiplier		Total	
				-					
				+					
			Tota	ıl Anı	nual Inco	me:			
* Time Frame: Specify the tim	ne frai	me that the sour	rce of income	is bei	ng calcula	ted is for			
		Bi-weekly *			nonthly *		M	Ionthly *12	
Total persons in Family:	_ □Below FPG		□100-130%		□131-250%			□Over 250%	
			above FPG		above FPG		FPG		
raud warning: Employencome information may hese charges might be found procedures apply.	suffe	er legal conse	equences of	arre	est, fines	, incarce	ratio	on, etc.	
Parent/Guardian Signature			Date						
Staff Certification: Staff acknowledge and attest to the verification of						h parent o	r lega	l guardian	
Staff signature:			Date						
Reviewed by:			Date						