Tri-County ESC, Region 20 Head Start
Eligibility Criteria Selection Survey
For Staff Use Only

Child's Name: ____________________________________ D.O.B.: ________

Parent/Guardian Name: ____

Total Points ______

Family Status:

		Points	
Two Parents in the Home		10	( )
Single Parent in the Home		30	( )
Guardian		30	( )
Other (EX: former foster child)		20	( )

Comments: ____

Primary Language as per Home Language Survey:

		Points	
English		0	( )
Spanish		10	( )
Other (specify): ____________________		10	( )

Resource Assistance:

		Points	
Does the family receive assistance?	Yes	20	( )
☐ Housing ☐ Food Stamps ☐ WIC	No	0	( )
☐ Medicaid/ CHIP - **Check all that apply**			
☐ Other (specify): ____________________			

<u>Previous</u> Educational Enrollment:

		Points	
Early Head Start/Head Start		10	( )
Early Childhood Intervention (ECI)		10	( )
None		0	( )
Provide Documentation			

Individualization/Special Needs:

		Points	
Child has been professionally diagnosed	Yes	50	( )
as having a special need by the ISD	No	0	( )
and is currently receiving services/has an IEP.			
Provide Documentation			

******************** OR ********************

		Points	
Does the family or a doctor suspect the child	Yes	10	( )
of having a special need?	No	0	( )
Please specify: ____________________			

Income Guidelines (HHS Poverty Guidelines):

		Points	
Categorically Eligible based on: Foster Care/Kinship Placement, SSI, TANF, Homeless		30	( )
Income Eligibility at or below 100% Poverty Level		30	( )
Income Eligibility at or below 130% Poverty Level		20	( )
Over Income (10% consideration)		0	( )
Over Income Non-eligible		0	( )

Signature of staff completing survey ____________________ Date: __________

Policy Council Approval: