

**Eligibility Criteria Selection Survey  
For Staff Use Only**

**Child's Name:** \_\_\_\_\_ **D.O.B.:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Total Points** \_\_\_\_\_

**Family Status:**

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

Comments: \_\_\_\_\_

**Primary Language as per Home Language Survey:**

English	10	( )
Spanish	20	( )
Other (specify): _____	20	( )

**Resource Assistance:**

Does the family receive assistance?	Yes	20	( )
<input type="checkbox"/> Housing <input type="checkbox"/> Food Stamps <input type="checkbox"/> WIC <input type="checkbox"/> SSI	No	0	( )
<input type="checkbox"/> TANF <input type="checkbox"/> Medicaid/ CHIP - <b>Check all that apply</b>			
<input type="checkbox"/> Other (specify): _____			

**Individualization/Special Needs:**

Has the child been professionally diagnosed as having a special need by the ISD or ECI and is currently receiving services?	Yes	50	( )
	No	0	( )

**Provide Documentation**

\*\*\*\*\* OR \*\*\*\*\*

Does the family or a doctor suspect the child of having a special need?	Yes	10	( )
	No	0	( )

Please specify: \_\_\_\_\_

**Head Start Guidelines:**

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:** \_\_\_\_\_