

## Lowndes County Board of Education Head Start



## ELIGIBILITY SELECTION CRITERIA (FOR CHILD PLACEMENT) FORM SOCSER606

Child's Name:	D.O.I	3		
Instructions: Check one box in each area (can be more than from the application and/or other sources. When appropriate below & attach to the application. The "DESCR" and "PTS"	one (1) depending on the in	dividual's ument reas	sons for selections	. Sign the form
AREA	DESCR PTS		SELECT	
PARENTAL STATUS				
O = One Parent	ONE	60	(	)
T = Teen Parent	TEEN	100	(	)
D = Parent w/Disability	DISP	80	(	)
F = Foster Parent	FSTR	100	(	)
N = Not Child's Parent	NPAR	100	(	)
T = Two Parents	TWO	40	(	)
Comments:				
DISABILITIES/STATUS				
Z = Zero/No Disabilities	NONH	00	(	)
X = Potential or Suspected	SUSP	25	(	)
B = To W-Diagnosed Comments:	B to W	50	(	)
INCOME/ELIGIBILITY (Use Income Guide	lines)			
Public Assistance	SSI/TANF	200	(	)
Foster Child	FCARE	200	(	Ś
Homelessness	HMLS	200	ì	j j
Eligible Income 0-25% Below	L25%	130	(	j j
Eligible Income 26-50% Below	L50%	120	ì	j j
Eligible Income 51-75% Below	L75%	110	(	Ś
Eligible Income 76-100%	ELIG	100	(	Ś
High Income 101%-130%	H101%-130%	10	(	Ś
Over Income	OVER	00	(	)
Comments:				,
OTHER				
High Social Service Need	HIGH	60	(	)
Protective Services	PSREF	80	(	)
Referred from Other Agency	REF	30	(	)
Military Deployment	MIL-D	40	(	)
Family Crisis	CRIS	50	(	)
English Language Learners Comments:	ELL	80	(	)
Age by: September 1				
4 YRS 0 Months to 4 YRS 11 Months	4+	80	(	)
3 YRS 0 Months to 3 YRS 11 Months	3+	60	(	)
Head Start Staff Official Signature:				_
Date:	Total Points: _			
Staff signature	_ Date:			

Approved: November 9, 2016-Lowndes County Board of Education Head Start Policy Council

Amended: October 18, 2017- Inter-Agency Advisory Committee

Approved: January 9, 2018-Lowndes County Board of Education Head Start Policy Council

Amended: October 20, 2018- Inter-Agency Advisory Committee

Approved: May 8, 2019-Lowndes County Board of Education Head Start Policy Council