



Lowndes County
Board of Education Head Start



ELIGIBILITY VERIFICATION--FORM SOCSER651

1. Child's name: _____

2. Child's date of birth: _____

3. Is this child is eligible to participate in the program? Yes No

4. Type of eligibility interview conducted: In-person Telephone

5. Check the applicable category of eligibility for this child:

- Homeless Other (up to 10% may fall into this category, up to 49% for AI/AN programs)*
- Foster care
- Public assistance (TANF & SSI) Income between 100-130% FPL (up to 35% may fall into this category)**
- Income at or below 100% FPL

*45 CFR 1302.12(c)(2) specifies that a program may enroll a child who would benefit from services but does not meet other eligibility requirements provided that these participants only make up to 10 percent of a program's enrollment or 49 percent in the case of AI/AN programs as described in 45 CFR 1302.12(e).

**45 CFR 1302.12(d) specifies that a program may enroll an additional 35 percent of participants whose families do not meet any other eligibility criterion and whose incomes are below 130 percent of the poverty line.

6. What documentation was used to determine eligibility and is included as part of the eligibility determination record?

- Income Tax Form 1040 Unemployment documentation
- W-2 Written statements from employers
- TANF documentation Foster care reimbursement
- SSI documentation Other, please describe: _____
- Pay stub or pay envelopes _____

8. Staff signature _____ Date: _____

9. Staff name: _____ Title: _____

10. Staff signature _____ Date: _____

11. Staff signature _____ Date: _____