

in Family: _____

Child's Name: _____

Income: _____

Head Start Selection Criteria

POSSIBLE POINTS	CRITERIA	ACTUAL POINTS
AGE- HEAD START		
500	PIR 3 year old	
100	PIR 4 year old	
FAMILY TYPE - choose only ONE		
100	Foster Parent	
100	Guardian/Grandparent/Caregiver	
80	One parent Family	
60	Two parent Family	
DISABILITY - choose only ONE *Manager Initials _____		
500	Diagnosed disability with Individual Education Plan (IEP) or (IFSP)	
80	Suspected disability without IEP (verification required)	
INCOME - choose only ONE (see other page - \$ chart and # of family members)		
999	Foster child (eligible for assistance)	
999	Homeless (due to economic hardships)	
500	Public assistance (eligible for TANF/SSI)	
500	Income (0% - 100% of FPL)	
300	Income (100% - 130% of FPL)	
0	Over-income (greater than 131% of FPL) (slots limited to 10% of enrollment)	
(income considered as primary enrollment fact)		
OTHER - select as needed (see other page for more information)		
100	Protective service referral - DCS (open case)	
80	Referral from other agency	
60	Family Crises (ex. incarceration of parent) short term condition	
40	Teen Parent	
40	Unemployed	
40	Chronic health condition (specify in comments)* Manager initials _____	
40	Needs Childcare (proof of employment)/Parent in school (Proof of enrollment)	
40	Primary language other than English	
20	At least one parent or guardian active military	
10	Sibling in HS	

TOTAL POINTS

Comments:

Form completed by: _____

Date: _____

Reviewed by: _____

Date: _____

Revised: 03-17

Board approved: Date _____

Policy Council approved: Date _____