

Family Size: _____

Head Start Selection Criteria

Child's Name:	Income:	
Criteria	Points	Assigned Points
INCOME*		
Foster Child (Top Priority)	999	
Homeless (Top Priority)	999	
Public Assistance (TANF/SSI)	500	
Income 0-100% of Poverty Guidelines	500	
Income 100%-130% of Poverty Guidelines	300	
Over Income	0	
AGE*		
Four years old	500	
Three years old	100	
PIR age under three	0	
Family Type*		
One Parent Family	80	
Two parent family	60	
Someone other than parent as guardian	100	
DISABILITY* HSM manager approval required - HSM initials _____		
Diagnosed disability with IEP or ISFP	500	
Suspected disability	80	
OTHER FACTORS+		
Protective service referral (Open Case)	100	
Referred from other agency	80	
Family Crisis	60	
Teen Parent	40	
Unemployed (List which individuals are unemployed in comments)	40	
Chronic health condition (Specify in comments, support doc.req'd)	40	
Needs Childcare (Proof of employment/enrollment required)	40	
Primary language other than English	40	
At least one parent or guardian active military	20	
Sibling in Head Start	10	
Total Points		

*Please choose only one option for Income, Age, and Family Type
 +Please choose as many criteria listed under Other Factors as needed

Comments: _____

Verifying Staff Signature: _____ Date: _____

Management Review Signature: _____ Date: _____