Family Size: _____

Head Start Selection Criteria
2019/2020

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*			
Three years old		500	
Four years old		300	
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 IFSP		500	
Suspected Disability		80	
OTHER FACTORS+			
Open DCS Case		100	
Referred from TEIS or other Service Agency		80	
Family Crisis		60	
Parent Education less than HS Diploma or GED		40	
Teen Parent		40	
Unemployed (List which individuals are unemployed in comments)		40	
Chronic Health Condition (Parent or Child) (Specify in comments, support doc.req'd)		40	
Needs Childcare (Proof of employment/enrollment required)		40	
Primary Language other than English		40	
Parent or Guardian active Military or Veteran		20	
Sibling currently 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: _____