



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 Audio or Video Call

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

- | | |
|---|---|
| <input type="checkbox"/> Experiencing Homelessness | <input type="checkbox"/> Other (up to 10% may fall into this category, up to 49% for AI/AN programs) |
| <input type="checkbox"/> Foster care | |
| <input type="checkbox"/> Public assistance (TANF, SSI, SNAP) | <input type="checkbox"/> Income between 100-130% poverty guidelines (up to 35% may fall into this category) |
| <input type="checkbox"/> Income at or below 100% poverty guidelines | |

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

- | | |
|--|---|
| <input type="checkbox"/> Income Tax Form 1040 | <input type="checkbox"/> Unemployment documentation |
| <input type="checkbox"/> W-2 | <input type="checkbox"/> Written statement (employer, service provider) |
| <input type="checkbox"/> TANF documentation | <input type="checkbox"/> Foster care reimbursement |
| <input type="checkbox"/> SSI documentation | <input type="checkbox"/> Family signed declaration |
| <input type="checkbox"/> SNAP documentation | <input type="checkbox"/> Other, please describe: _____ |
| <input type="checkbox"/> Pay stub or earnings statements | |

7. Staff signature _____ Date: _____

8. Staff name: _____ Title: _____

9. Staff signature _____ Date: _____

10. Staff signature _____ Date: _____

Notes: