

Eligibility Verification Form

Procedure:

This *Eligibility Verification Form* (EVF) is valid for two program years. Please reverify income and complete a new form for children returning for the 3rd or 5th year, or when assigning a newborn to an expectant mother's slot.

1. Child/Expectant Mother Information:	
Child/Expectant Mother Name (Last, First):	Date of Birth:
Center/Site:	
<input type="checkbox"/> This child will not be enrolled in Head Start and ECEAP at the same time (Dual enrollment is not allowed).	

2. For Official Foster Care/Kinship Care Only: If child is in foster care or living with a guardian who receives a payment for the child, fill in this box and skip to Section 6: Document Verification.	
Monthly grant or payment amount: \$	Number of children covered by the grant amount:
Case # or Client ID #:	Payment source (check one): <input type="checkbox"/> DSHS <input type="checkbox"/> SSI <input type="checkbox"/> Tribe <input type="checkbox"/> Other

3. Eligibility Period:
Did this family receive income during the last calendar year or during the previous 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No – Describe the reason the family does not have income in the space below. See <i>ERSEA Procedure</i> EL-7, EL-8, and EL-12 for more guidance.

Continue to Section 4: Income Verification on page 2.

Eligibility Verification Form

4. Income Verification: Enter all family income in the chart below. If necessary, use the *Income Worksheet* as a tool to calculate multiple types income.

Check one: Previous calendar year Previous 12 months

Family Size:

Name of Person Receiving Income	Type of Income Document Verified by Staff	Weekly Amount	Number of Weeks Received	Monthly Amount	Number of Months Received	Annual Amount
	W-2					
	W-2					
	Tax Return (1040) or IRS transcript					
	Tax Return (1040) or IRS transcript					
	Pay stubs for 12 months					
	Pay stubs for 12 months					
	Self-employment net income					
	Child Support received, if required by child support order					
	Disability income (SSI)					
	Military Leave and Earnings Statement (LES)*					
*Count all pay and allowances except BAH, BAS, FSH, and HFP/IDP.						
	Social Security or other retirement benefits					
	Public Assistance (TANF)					
	Child-only TANF or foster care grant					
	Tribal Income (taxable)					
	Unemployment					
	Workers Compensation (L&I)					
	Other, not listed above:					
ANNUAL TOTAL (from all sources):						

5. Current Income Information

Does the family still receive the income above?

Yes No – If circumstances have recently changed, please check one:

Divorce/separation Job loss Job change Loss of wage earner Loss of benefits
 Other – Please explain: _____

What is the family's monthly income? _____ For which month? _____

Eligibility Verification Form

NOTE: Head Start and All Early Head Start Programs

Staff cannot require families to provide documents that confirm a child's age, legal guardianship, and family size, if doing so creates a barrier for the family. Briefly describe the reason the family cannot locate these documents in the space below:

6. Document Verification: Staff viewed copies of (check one for each section):

Age:	
<input type="checkbox"/> Homeless (using 90-day grace period to locate documents) <input type="checkbox"/> Adoption papers <input type="checkbox"/> Birth certificate <input type="checkbox"/> Court documents <input type="checkbox"/> Foster care authorization letter <input type="checkbox"/> Government document with birth date <input type="checkbox"/> IEP (Individualized Education Program) <input type="checkbox"/> Immunization record	<input type="checkbox"/> Medical card or records <input type="checkbox"/> Medical record of birth <input type="checkbox"/> Passport/Visa <input type="checkbox"/> Paternity affidavit <input type="checkbox"/> Permanent resident ("green") card <input type="checkbox"/> School records <input type="checkbox"/> Other:
Authority to Enroll:	
<input type="checkbox"/> Homeless (using 90-day grace period to locate documents) <input type="checkbox"/> Adoption papers <input type="checkbox"/> Benefits letter showing guardian receives benefit on behalf of the child <input type="checkbox"/> Birth certificate <input type="checkbox"/> Court or legal document <input type="checkbox"/> Foster care record <input type="checkbox"/> Guardian's income tax return listing child <input type="checkbox"/> <i>In loco parentis</i> (legal doctrine describing a relationship like that of a parent to a child) <input type="checkbox"/> Insurance documents stating relationship	<input type="checkbox"/> Legal will, describing the relationship <input type="checkbox"/> Letter from social worker, school personnel, lawyer, religious leader, or mental health professional <input type="checkbox"/> Passport/Visa <input type="checkbox"/> Records from DSHS that show guardian as contact for the child <input type="checkbox"/> Records from school, hospital, clinic, other public health, or social service agency <input type="checkbox"/> Written agreement signed and dated by parent and person assuming custodial responsibility <input type="checkbox"/> Other:
Family Size:	
<input type="checkbox"/> Homeless (using 90-day grace period to locate documents) <input type="checkbox"/> Benefits letter (TANF, SSI, etc.) <input type="checkbox"/> Court or legal document <input type="checkbox"/> Foster care grant <input type="checkbox"/> Rental/Housing document	<input type="checkbox"/> Provider One website (i.e. family may log in and show their account) <input type="checkbox"/> School Records <input type="checkbox"/> Tax records from previous year (1040) <input type="checkbox"/> Other:

7. Immunization Status: Staff may later update this section if Immunizations are not immediately available (check one.)

<input type="checkbox"/> Complete - signed Certificate of Immunization Status (CIS) form showing sufficient immunization dates to meet the schedule, or documented immunity. <input type="checkbox"/> Exempt - signed Certificate of Exemption (COE) form certifying that the child is exempt for one or more vaccines for medical, personal/philosophical, or religious reasons. <input type="checkbox"/> Conditional - signed CIS form that does not meet the requirements but has proof of initiation or continuation of a schedule of immunizations AND is within the recommended interval for the next dose.	<input type="checkbox"/> Child's signed Certificate of Immunization Status has not been evaluated. <input type="checkbox"/> Out of Compliance - child does not have a signed, completed CIS form. <input type="checkbox"/> Out of Compliance - child is not complete/immune, not exempt, nor in conditional status.
---	---

8. Eligibility Status: Check only one.

- Homeless
- Official Foster/Kinship Care
- SSI/TANF
- CPS/FAR/ICW
- Income Eligible for Head Start/Early Head Start **and** ECEAP (up to 100% FPL)
- Income Eligible for Head Start/Early Head Start only (101 – 130% FPL)
- Income Eligible for ECEAP only (up to 110% FPL)
- Over Income for Head Start/Early Head Start (131% FPL and above)
 - With IEP
 - With Developmental/Environmental/Health Risk Factor(s)
- Over Income for ECEAP (111% FPL and above)
 - With IEP
 - With Developmental/Environmental/Health Risk Factor(s)

Staff Member Verifying Eligibility:

I certify that, to the best of my knowledge, the information on this form is true and correct. I viewed and verified documentation establishing this child's eligibility for PSESD Early Learning.

Name: _____ Title: _____

Signature: _____ Date: _____

(ECEAP – enter this date in ELMS)