

2017-2018 Eligibility Verification Form



Child's Name: _____ **DOB:** _____
 (Last, First)
Pregnant Woman's Name (EHS only): _____ **Due Date:** _____
 (Last, First)
Center: _____

Step 1 - Determine the period for eligibility:

- The most recent calendar year: _____
- 12 months prior to application date: From _____ (mo/yr) to _____ (mo/yr)
- Have partial income, annual income does not reflect current situation or no income
 - Income documentation is not available (complete Income Documentation is Not Available Statement on page 2)
 - Partial income or annual income does not reflect current situation (complete Statement of No Income or Reduction in Income on page 2)

Step 2 - Documents used for verification (check all that applies):

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Tax Return | <input type="checkbox"/> Child Support | <input type="checkbox"/> TANF Grant/Letter | <input type="checkbox"/> Foster Care Grant/Letter |
| <input type="checkbox"/> W-2 Forms | <input type="checkbox"/> Unemployment Benefits | <input type="checkbox"/> SSI Grant/Letter | <input type="checkbox"/> Kinship Care Order/Letter |
| <input type="checkbox"/> Pay Stubs | <input type="checkbox"/> CCSP/WCC Award Letter | <input type="checkbox"/> L&I Benefits | <input type="checkbox"/> Homeless |
| <input type="checkbox"/> Employer Letter | <input type="checkbox"/> Education Grants/Awards | <input type="checkbox"/> Staff Statement | <input type="checkbox"/> Other: _____ |

Information confirmed by phone with whom? _____

State Agency/Name/Phone _____

Step 3 - Enter family's annual income (for ECEAP if there's a change in income, enter monthly income): \$ _____

Step 4 - Enter the family size at the time of verification:

Step 5 - Determine the status of eligibility (select only one; using highest category, see *Category and Risk Factors Point Chart*)

- Homeless (complete Living Situation Survey) Foster/Kinship Care Public Assistance: TANF
- SSI (For ECEAP, only child or parent/guardian SSI can be counted) SSI (EHS/HS Only)
- Public Assistance Childcare Subsidy Payment (Head Start Full-Day and EHS-CCP, must have award letter)
- Income Eligible for Head Start or ECEAP (at or below 100% FPL) Income Eligible for ECEAP only (101 - 110% FPL)
- Over Income (101% - 130% FPL for Head Start) Over Income (111% - 200% FPL for ECEAP)
- Over Income (131% - 200% FPL for EHS/HS) If Over-Income, justification for enrollment: _____

(Must include developmental or environmental risk factor.)

I have determined this family's eligibility for this program as documented above.

Staff Signature: _____ **Date:** _____

This EVF is good for the program year 2017-18. If enrolled in Head Start or ECEAP, it is valid until 8/31/18.



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Statement of Information Regarding Family Income

(Complete this section if provided last 12 months or the last calendar year's income but this income does NOT accurately reflect the family's current income. The family is experiencing extenuating circumstance(s) due to death, divorce, unexpected job loss or similar circumstance resulting in a significant decrease of annual income; it is anticipated this decrease will remain in place during the period the child will be enrolled in one of the PSESD Early Learning programs). Or the family only has income for some of the months and not a complete 12 months.

Due to extenuating circumstance(s), my household income has decreased.

I, _____ (Parent/Guardian), hereby declare that neither I, nor any member of my household has received any income for the months of:

My basic living needs are being met in the following manner:

Food:

Shelter:

Utilities:

Income Documentation is Not Available Statement

(Fill out this statement if the family does not have the necessary paperwork to show income for the last 12 months or the most recent calendar. Describe the reason(s) the family cannot provide income documentation.)

I, _____ (Parent/Guardian) hereby declare I cannot provide income documentation for the following reason(s):

My family basic living needs are being met in the following manner:

Food:

Shelter:

Parent/Guardian Signature: _____ **Date:** _____

Staff Signature: _____ **Date:** _____

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INCOME WORKSHEET

Child's Name _____	Center _____
(Last, First)	

Complete this worksheet whenever there are **two or more** sources of income **or** if using pay stubs covering more than one calendar year*.

Month/Year	Source 1: _____	Source 2: _____	Source 3: _____	Source 4: _____	MONTH TOTALS
SOURCE TOTALS					

Transfer Total to
Page 1

To document income received:

1. Identify each source of income and write the name of the source in the Source Boxes above (e.g., Source 1: Dad's W-2; Source 2: SSI). Identify each income document with the source number at the top of the page (e.g., Dad's W-2 would be marked #1; SSI award letter would be marked #2).
2. Determine timeframe (last calendar year or last 12 months) and enter months in the month/year column.
3. After entering income for each month, total each source income from top to bottom. If desired, to double check math, add income from left to right and enter the total income in the far right hand column under **month totals** box. Add all source income and enter the total income in the **source totals** shaded box.
4. Transfer the total in shaded box (bottom right hand corner) to Page 1, Step 4 (Enter Annual Income) of the *Eligibility Verification Form*.