**CHILD ELIGIBILITY VERIFICATION FORM**

Child’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_ Enrollment Date: \_\_\_\_\_\_\_\_\_\_\_\_

Primary Caregiver Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1 = 1st Qualifier 2 = 2nd Qualifier**

|  |  |  |
| --- | --- | --- |
| **1;2** | **Qualifier** | **Documentation (Must be in Child File)** |
|  | No Earned Income | Notarized letter from parent/primary caregiver |
|  | Family with gross income not exceeding 200% of FPL | \_\_ Current 30 days of pay stubs\_\_ Previous year’s income tax form\_\_ Employer statement of income on letterhead\_\_ W-2 |
|  | Parent without a high school diploma or GED | Notarized letter from parent/primary caregiver |
|  | Income eligible for Title 1 program | School letter verifying eligibility for free/reduced lunch |
|  | Limited English proficiency | Notarized letter from parent/primary caregiver |
|  | Low birth weight of child (below 5 lbs. 9 ounces) | \_\_ Birth Certificate if weight is included\_\_ Hospital records/discharge summary |
|  | Parent under 18 years of age at birth of child | Parent birth certificate and child birth certificate/record |
|  | Immediate family member has history of substance abuse/addiction | \_\_ Documentation from hospital or treatment facility on agency letterhead, documentation\_\_ Documentation from a state agency\_\_ Documentation from court records |
|  | Has a demonstrable developmental delay as identified through screening | \_\_ Copy of developmental screening **AND**\_\_ **Copy of referral to early childhood Coop or School Dist** |
|  | Eligible for services under IDEA | \_\_ Copy of Individual Education Plan (current)\_\_ Letter/Program Decision Form documenting eligibility from Special Ed Agency |
|  | Parent has a history of abuse or neglect or parent is a victim of abuse or neglect | \_\_ Documentation from Human Services\_\_ Treatment Records\_\_ Court Records\_\_ Social Services Agency Reports |
|  | Foster Child | \_\_ Court Records\_\_ DHS Documents |
|  | Child with incarcerated parent | \_\_ Arrest Records \_\_ Court Records/convictions\_\_ News Articles \_\_ DOC Screen printout |
|  | Child in custody of or living with a family member other than the parent (parent not in household) | \_\_ Notarized statement from caregiver\_\_ Court records \_\_ Custody documents |
|  | Child with immediate family member (mother, father, sister, brother) arrested for or convicted of drug related offences | \_\_ Court Records\_\_ Arrest Reports \_\_ DOC printout |
|  | Child with parent activated for **overseas** military duty | \_\_ Deployment orders \_\_ Letter from Superior Officer |

**ADDITIONAL DUAL QUALIFIERS (Income Criteria MUST be One of the Two Qualifiers)**

|  |  |  |
| --- | --- | --- |
|  | Single parent household | \_\_ Divorce Decree \_\_ Single Tax Return\_\_ Notarized letter |
|  | Parent who cannot read | Notarized letter from parent/primary caregiver |
|  | Homeless | Notarized letter from parent/primary caregiver |

I have verified the above identified eligibility conditions for the child and have included the verifying documents in the child’s record.

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Homebased Educator Date