

MIECHV Eligibility Criteria

Enter **ALL** the MIECHV eligibility criteria that are true, NOT just eligibility for your Model:

Parent Criteria

- 250% Poverty or Less*
- Title I Eligible School
- Parent Under 18
- Single
- Low Educational Attainment
- Limited English Proficiency
- Caregiver Disability
- Caregiver Chronic Illness
- Substance Abuse History
- Abuse or Neglect History
- Caregiver Mental Health
- Suspected Child Abuse Neglect
- Transient/Homeless

Child Criteria

- Low Birth Weight
- Developmental Delay
- IDEA (Individuals with Disabilities Education Act) Services
- Chronic Illness or Medical Need
- Court Appointed Guardians
- Incarcerated Parent
- Death in the family
- Parent Military Duty Overseas

Note that your Model or Program may require additional criteria. Eligibility Exceptions include:

- If a family meets a criterion listed above that is not considered an eligibility criterion by your model you are not required to serve them.
- If a family does not meet any of the criteria listed above your model may still choose to serve them but not with MIECHV funded resources.

* You know a family meets federal poverty guidelines (is poverty-eligible), without calculating % poverty level, if they receive ARKids First, Medicaid, Food Stamps (SNAP), ABC Head Start, Transitional Employment Assistance (TEA), Free/Reduced school lunch, Housing Assistance, or Women, Infants & Children (WIC).

2021 Federal POVERTY GUIDELINES

Source: <https://aspe.hhs.gov/poverty-guidelines> Visit for more details, such as 150% of Poverty Guidelines or up to 14 people in household.

PERSONS IN FAMILY/HOUSEHOLD	POVERTY GUIDELINES	Eligible for MIECHV if below 250%	
		ANNUAL**	(Monthly**)
	100% Annual, just FYI *		
1	\$12,880	32,200	(2,683)
2	\$17,420	43,550	(3,629)
3	\$21,960	54,900	(4,575)
4	\$26,500	66,250	(5,520)
5	\$31,040	77,600	(6,467)
6	\$35,580	88,950	(7,413)
7	\$40,120	100,300	(8,358)
8	\$44,660	111,650	(9,304)

* For 9 or more people, add \$4,540 per year for each additional person for 100% of Poverty Guideline.

** For 9 or more people, add \$11,350 per year (\$946 per month) for each additional person for 250% of Poverty.

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MIECHV Recruitment Log

Home Visitor's Name: _____ Model/Location: _____

Primary Caregiver's Name: _____ Primary Caregiver's DOB ____/____/____

Note: Never enter children into Recruitment!

Address 1: _____ City: _____ Zip Code: _____

Address 2: _____ City: _____ Zip Code: _____

Work Phone: _____ Home Phone: _____ Cell Phone: _____

Texting: Yes or No Best Day to Contact (circle one): Monday – Friday Saturday Sunday Any Day

Best Time to Contact (circle one): Morning Afternoon Evening Any Time

Referral Source: _____ Alert: _____

Notes: _____

Record Recruitment Efforts Below:

Date	Time in Minutes	Notes
____/____/____		
____/____/____		
____/____/____		
____/____/____		
____/____/____		

Reason for Dismissal from recruitment program (What happened with this family?)

Date Enrolled: ____/____/____	Refused	Lost to Contact	Never Started	Parent wanted Another Program/ Model	Other: _____
0	0	0	0	0	0

See MIECHV Eligibility Criteria on reverse side.