CHICAGO DEPARTMENT OF FAMILY AND SUPPORT SERVICES Head Start Eligibility Verification Form Eligible Status:

Agency	Site/Program Name:				Name:			Activity #:		
			Address:					Program Type:		
Section	2 - Appl	icant (P	arent	gaurdiar	n) Information					
					Foster C	nild		DCFS#:		
Applica	nt SS#:			149						
Last Name: First N					First Nar	ne:		MI:		
Address	s:									
City: State					State:	Zip Code:				
Section SS#	3 - Infor	mation First	on En	DOB	Start Date	M	F Receive TANF/SSI?	Age Verification	Term Date	Eligibility Criteria
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