

**CHICAGO DEPARTMENT OF FAMILY AND SUPPORT SERVICES**

**Head Start Eligibility Verification Form**

Eligible Status:

**Section 1 - Delegate Agency/Site Information**

Agency:	Site/Program Name:	Activity #:
	Address:	Program Type:

**Section 2 - Applicant (Parent/gaurdian) Information**

	Foster Child	DCFS #:
Applicant SS#:		
Last Name:	First Name:	MI:
Address:		
City:	State:	Zip Code:

**Section 3 - Information on Enrolled Children Only**

SS#	Last	First	MI	DOB	Start Date	M/F	Receive TANF/SSI?	Age Verification	Term Date	Eligibility Criteria

**Section 4 - Family Income**

- Family Size-** The definition of "family" to be used in determining eligibility is found in 45CFR 1305.2(e), of which defines family as all persons living in the same household who are:
1. Supported by the income of the parent(s) or guardian(s) of the child enrolling or participating in the program, and
  2. Related to the parent(s) or guardian(s) by blood, marriage or adoption.

A. Gross Employment Income	\$	E. Other Federal Cash Income	\$
B. Monthly Child Support	\$	F. Other Monthly Income	\$
C. TANF cash assistant grant	\$	G. Monthly Total A-F	\$
D. Supplemental Security Income	\$	H. Annual Income	\$

**Section 5 - Income Eligibility**

The following documents have been examined (Check all that apply):

**Section 6 - Employee Verification** (Check the box that applies to you)

I verify that the above documents related to age & income eligibility that have been provided by the Applicant (Parent/Guardian), were examined at the time of the child's enrollment, and the child(ren) is eligible for Head Start

Employee Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section 7 - Applicant (Parent/Gaurdian) Certification**

I \_\_\_\_\_ certify that the information provided on this form is accurate and truthful to the best of my knowledge.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_