

Entered into Child Plus

Community Action of Southeast Iowa Head Start/Early Head Start Application (2022-2023)

Noted Concerns:

<input type="checkbox"/> Disability	<input type="checkbox"/> Speech
<input type="checkbox"/> Medical Condition	<input type="checkbox"/> Development
<input type="checkbox"/> Custody	<input type="checkbox"/> Safety
<input type="checkbox"/> Toilet Training	<input type="checkbox"/> Allergy
<input type="checkbox"/> Behavior	<input type="checkbox"/> Other _____

Application and Family Information

Child Information: (list ALL children in the home)

Applicant	Child's Name (First & Last)	Birthdate	Sex (circle)	Relation to you?	Disability	Race (*see below)	Latino	DOB Verified Birth Certificate
<input type="checkbox"/> Yes		/ /	M F O				<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> Yes		/ /	M F O				<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> Yes		/ /	M F O				<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> Yes		/ /	M F O				<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> Yes		/ /	M F O				<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> Yes		/ /	M F O				<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> Yes		/ /	M F O				<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

Child Disability Notes (i.e. Accommodations needed): _____

Adult Information: (list ALL adults in the home)

Applicant	Adult's Name (First & Last) <small>*pregnant mothers are adult applicants</small>	Birthdate	Sex (circle)	Relation to you?	Disability	Race (*see below)	Latino
<input type="checkbox"/> Yes		/ /	M F O				<input type="checkbox"/> Yes
<input type="checkbox"/> Yes		/ /	M F O				<input type="checkbox"/> Yes
<input type="checkbox"/> Yes		/ /	M F O				<input type="checkbox"/> Yes
<input type="checkbox"/> Yes		/ /	M F O				<input type="checkbox"/> Yes

*Race: American Indian, Asian, Black/African American, Multi-racial or Bi-racial, Native Hawaiian or other Pacific Islander, Other (specify), Unspecified, White

Applicants Name	Medicaid Eligibility	Insurance	Doctor/Medical Home	Dentist
	<input type="checkbox"/> Not Eligible <input type="checkbox"/> On Medicaid <input type="checkbox"/> Potentially	<input type="checkbox"/> Medicaid # <input type="checkbox"/> Private Insurance #		
	<input type="checkbox"/> Not Eligible <input type="checkbox"/> On Medicaid <input type="checkbox"/> Potentially	<input type="checkbox"/> Medicaid # <input type="checkbox"/> Private Insurance #		
	<input type="checkbox"/> Not Eligible <input type="checkbox"/> On Medicaid <input type="checkbox"/> Potentially	<input type="checkbox"/> Medicaid # <input type="checkbox"/> Private Insurance #		
	<input type="checkbox"/> Not Eligible <input type="checkbox"/> On Medicaid <input type="checkbox"/> Potentially	<input type="checkbox"/> Medicaid # <input type="checkbox"/> Private Insurance #		

Parent/Guardian or Foster Parent Contact Information: (individual completing the application)

First Name:		Last Name:		*Who has legal rights to sign for the child		
				Photo ID Verified: <input type="checkbox"/> Yes		
Living Address		Zip	City	State	County	Same Mailing Address
						<input type="checkbox"/> Yes <input type="checkbox"/> No
MAILING Address (if different)		Zip	City	State	County	Homeless
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> No <input type="checkbox"/> No
Phone Number (Primary & Secondary)			Email Address (Primary & Secondary)			Can we text/email you?
<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work			@			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work			@			<input type="checkbox"/> Yes <input type="checkbox"/> No

Housing Stability:

Type of Housing	Housing Payment Arrangement	Housing Status	Length of Time at Current Address	Number of Times Moved in the Past 12 Months
<input type="checkbox"/> House <input type="checkbox"/> Trailer/Mobile Home <input type="checkbox"/> Apartment <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Other _____	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Subsidized housing <input type="checkbox"/> Exchange services for housing <input type="checkbox"/> Make no payments <input type="checkbox"/> Other: _____	<input type="checkbox"/> Name on the lease/loan/deed <input type="checkbox"/> Share housing with friends or relatives due to: loss of housing, financial hardship or similar situation	<input type="checkbox"/> Less than 6 months <input type="checkbox"/> 6-12 months <input type="checkbox"/> 1-2 years <input type="checkbox"/> More than 2 years	<input type="checkbox"/> Have not moved <input type="checkbox"/> Once <input type="checkbox"/> Twice <input type="checkbox"/> Three or more

Family Information & Contacts

Parental Status (check one)	Primary Language in the home:	Acquired/learning another language in addition to English <input type="checkbox"/> Yes	Other Language	Has OWN Means of Transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has Alternate Means of Transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Alternate Transportation Used:
<input type="checkbox"/> One Parent <input type="checkbox"/> Two Parent				Is this reliable ? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this reliable ? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 2 nd vehicle of own <input type="checkbox"/> Friend or relative <input type="checkbox"/> Public transportation <input type="checkbox"/> Other: _____

Primary Adult (Parent, Guardian or Foster Parent – in home with the child)		Pregnant mother? <input type="checkbox"/> Yes Due Date ____/____/____	
First Name		Last Name	
Highest Grade Level: (also circle) <input type="checkbox"/> Assoc. Degree, Vocational, Some College <input type="checkbox"/> Bachelor's Degree or Advanced Degree <input type="checkbox"/> High School Diploma or GED <input type="checkbox"/> Less than High School (highest grade completed _____) Active Military/Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No Teen Parent: <input type="checkbox"/> Yes <input type="checkbox"/> No		Employment Status: <input type="checkbox"/> Full Time (35 hours/week) <input type="checkbox"/> Homemaker <input type="checkbox"/> Job Training <input type="checkbox"/> Part Time (Less than 35 hours/week) <input type="checkbox"/> Retired or Disabled <input type="checkbox"/> Seasonally Employed <input type="checkbox"/> Training or School <input type="checkbox"/> Unemployed (# of months _____) <input type="checkbox"/> Incarcerated (# of months _____)	
English Proficiency: <input type="checkbox"/> None <input type="checkbox"/> Little (Poor) <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient		Secondary Language: (if applies) specify: <input type="checkbox"/> None <input type="checkbox"/> Little (Poor) <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient	
Relation to Child: (circle) (biological, step, adopted, foster, grandchild, other relative, other (NON-relative))		If Employed and/or Attending School: Where: _____ Hours: _____ Where: _____ Hours: _____	

Secondary Adult (Parent, Guardian or Foster Parent – in home with the child)		Pregnant mother? <input type="checkbox"/> Yes Due Date ____/____/____	
First Name		Last Name	
Highest Grade Level: (also circle) <input type="checkbox"/> Assoc. Degree, Vocational, Some College <input type="checkbox"/> Bachelor's Degree or Advanced Degree <input type="checkbox"/> High School Diploma or GED <input type="checkbox"/> Less than High School (highest grade completed _____) Active Military/Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No Teen Parent: <input type="checkbox"/> Yes <input type="checkbox"/> No		Employment Status: <input type="checkbox"/> Full Time (35 hours/week) <input type="checkbox"/> Homemaker <input type="checkbox"/> Job Training <input type="checkbox"/> Part Time (Less than 35 hours/week) <input type="checkbox"/> Retired or Disabled <input type="checkbox"/> Seasonally Employed <input type="checkbox"/> Training or School <input type="checkbox"/> Unemployed (# of months _____) <input type="checkbox"/> Incarcerated (# of months _____)	
English Proficiency: <input type="checkbox"/> None <input type="checkbox"/> Little (Poor) <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient		Secondary Language: (if applies) specify: <input type="checkbox"/> None <input type="checkbox"/> Little (Poor) <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient	
Relation to Child: (circle) (biological, step, adopted, foster, grandchild, other relative, other (NON-relative))		If Employed and/or Attending School: Where: _____ Hours: _____ Where: _____ Hours: _____	

Biological Parents (NOT in the home) *Fill out another copy of this form to reflect another applicant in the home that does not have the same birth parent/s.

Biological Parent #1:		If not the custodial parent, does the parent provide child support or cash assistance for the child?			
First Name	Last Name	Birthdate (if known): ____/____/____	Provides Financial Support to Child: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Living Address		Zip	City	State	Phone
Biological Parent #2:		If not the custodial parent, does the parent provide child support or cash assistance for the child?			
First Name	Last Name	Birthdate (if known): ____/____/____	Provides Financial Support to Child: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Living Address		Zip	City	State	Phone

Custody Considerations:

Custody Arrangements: *If Foster child: Check if DHS has guardianship	
Decision Making: <input type="checkbox"/> Sole Legal Custody (only one parent can make decisions) <input type="checkbox"/> Joint Legal Custody (both parents can make decisions) If Sole Legal Custody (Parent Name): _____	Living Arrangements: <input type="checkbox"/> Sole Physical Custody (lives only with one parent) <input type="checkbox"/> Joint Physical Custody (lives with both parents) If Sole Physical Custody (Parent Name): _____
Special Custody Considerations: <input type="checkbox"/> Custody Restrictions <input type="checkbox"/> Order of Protection <input type="checkbox"/> No Contact Order <input type="checkbox"/> CINA (Child in Need of Assistance) – Foster child typically Explain: _____	

*Legal documentation will need to be provided if a parent's access to his/her child is to be restricted

Eligibility Verification/Special Considerations and Notes

Program Awareness: <i>(How did you hear about us?)</i>		Type of Assistance Receiving:	Type of Interview:
In Person or Self Referrals: <input type="checkbox"/> Returnee/Previous child attended <input type="checkbox"/> Family member or friend <input type="checkbox"/> Head Start/EHS Staff <input type="checkbox"/> Other Community Action Referral <input type="checkbox"/> AEA/Early Access <input type="checkbox"/> Public School <input type="checkbox"/> DHS <input type="checkbox"/> Public Event	<input type="checkbox"/> Social Media/Facebook <input type="checkbox"/> Internet/Google <input type="checkbox"/> Flier/Brochure <input type="checkbox"/> Postcard/Mail <input type="checkbox"/> Newspaper <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Other Specify: _____	SNAP: <input type="checkbox"/> Yes <input type="checkbox"/> No WIC: <input type="checkbox"/> Yes <input type="checkbox"/> No FIP: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Formerly SSI: <input type="checkbox"/> Yes <input type="checkbox"/> No (Social Security Income only)	<input type="checkbox"/> In Person <input type="checkbox"/> Telephone

Enrollment Considerations:

Applicants Name	Birth Certificate	Classroom Preference		Teacher:
	Primary Parent Name on Document: _____ Secondary Parent Name on Document: _____	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Duration _____ <input type="checkbox"/> Early Head Start	<input type="checkbox"/> Public PreK (AM or PM)	
	Primary Parent Name on Document: _____ Secondary Parent Name on Document: _____	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Duration _____ <input type="checkbox"/> Early Head Start	<input type="checkbox"/> Public PreK (AM or PM)	
	Primary Parent Name on Document: _____ Secondary Parent Name on Document: _____	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Duration _____ <input type="checkbox"/> Early Head Start	<input type="checkbox"/> Public PreK (AM or PM)	
	Primary Parent Name on Document: _____ Secondary Parent Name on Document: _____	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Duration _____ <input type="checkbox"/> Early Head Start	<input type="checkbox"/> Public PreK (AM or PM)	

Special Considerations:

Applicants Name	Recent Changes that Might Affect Childs Behavior at School	Special Considerations	
	(Divorce, remarriage, custody change, incarcerated parent, deployed parent, a move, new baby, abuse, etc.) _____	<input type="checkbox"/> IFSP/IEP <input type="checkbox"/> Speech <input type="checkbox"/> Development <input type="checkbox"/> Behavior	<input type="checkbox"/> Toilet Training <input type="checkbox"/> Safety <input type="checkbox"/> Allergy _____ <input type="checkbox"/> Other _____
	(Divorce, remarriage, custody change, incarcerated parent, deployed parent, a move, new baby, abuse, etc.) _____	<input type="checkbox"/> IFSP/IEP <input type="checkbox"/> Speech <input type="checkbox"/> Development <input type="checkbox"/> Behavior	<input type="checkbox"/> Toilet Training <input type="checkbox"/> Safety <input type="checkbox"/> Allergy _____ <input type="checkbox"/> Other _____
	(Divorce, remarriage, custody change, incarcerated parent, deployed parent, a move, new baby, abuse, etc.) _____	<input type="checkbox"/> IFSP/IEP <input type="checkbox"/> Speech <input type="checkbox"/> Development <input type="checkbox"/> Behavior	<input type="checkbox"/> Toilet Training <input type="checkbox"/> Safety <input type="checkbox"/> Allergy _____ <input type="checkbox"/> Other _____
	(Divorce, remarriage, custody change, incarcerated parent, deployed parent, a move, new baby, abuse, etc.) _____	<input type="checkbox"/> IFSP/IEP <input type="checkbox"/> Speech <input type="checkbox"/> Development <input type="checkbox"/> Behavior	<input type="checkbox"/> Toilet Training <input type="checkbox"/> Safety <input type="checkbox"/> Allergy _____ <input type="checkbox"/> Other _____

Emergency Contacts

Name	Relationship	Release for this contact	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Address	City	State	Zip Code
Phone Number	Phone Number 2		
	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work

Other Notes:

Eligibility Verification/Eligibility Determination Record

Income Reference Guide

2022 HHS POVERTY GUIDELINES

Persons in Household	Income Eligible	Under 130% Poverty
1	\$13,590	\$17,667
2	\$18,310	\$23,803
3	\$23,030	\$29,939
4	\$27,750	\$36,075
5	\$32,470	\$42,211
6	\$37,190	\$48,347
7	\$41,910	\$54,483
8	\$46,630	\$60,619

*For families with more than 8 persons, contact the Family Services Coordinator to help calculate the poverty level correctly. (\$4,720 for each additional person)

Joint Custody Considerations

If **EITHER** parent receives one of the following, only the income of the parent receiving such benefits is included:

- Child Support from the other parent
- Public Assistance (FIP, SSI or SNAP)

If **NEITHER** applies, then half of each parent's income is counted.

Actual Income Information:

Family Member	Income Source	Amount	Frequency					Total
			(Weekly = x 52, Bi-Weekly = x 26, Monthly = x 12, Bi-Monthly = 24)					
	Foster Care Subsidy	\$	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Bi-Monthly	<input type="checkbox"/> Yearly	\$
	Public Assistance – FIP	\$	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Bi-Monthly	<input type="checkbox"/> Yearly	\$
	Public Assistance – SSI #1	\$	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Bi-Monthly	<input type="checkbox"/> Yearly	\$
	Public Assistance – SSI #2	\$	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Bi-Monthly	<input type="checkbox"/> Yearly	\$
	Public Assistance – SNAP	\$	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Bi-Monthly	<input type="checkbox"/> Yearly	\$
	Child Support #1	\$	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Bi-Monthly	<input type="checkbox"/> Yearly	\$
	Child Support #2	\$	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Bi-Monthly	<input type="checkbox"/> Yearly	\$
	Wages #1	\$	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Bi-Monthly	<input type="checkbox"/> Yearly	\$
	Wages #2	\$	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Bi-Monthly	<input type="checkbox"/> Yearly	\$
	Unemployment #1	\$	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Bi-Monthly	<input type="checkbox"/> Yearly	\$
	Unemployment #2	\$	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Bi-Monthly	<input type="checkbox"/> Yearly	\$
	Workman's Compensation	\$	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Bi-Monthly	<input type="checkbox"/> Yearly	\$
	Social Security #1	\$	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Bi-Monthly	<input type="checkbox"/> Yearly	\$
	Social Security #2	\$	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Bi-Monthly	<input type="checkbox"/> Yearly	\$
	Alimony	\$	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Bi-Monthly	<input type="checkbox"/> Yearly	\$
	Financial Aid	\$	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Bi-Monthly	<input type="checkbox"/> Yearly	\$
	Other	\$	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Bi-Monthly	<input type="checkbox"/> Yearly	\$

Actual Annual Income:

of Adults _____ # of Children _____ \$ _____

(Pregnant Mother Application: mother AND unborn child are counted in # of family members)

*Fill out another copy of this form to reflect another applicant in the home that has a different family income.

Eligibility Category

Categorical Eligibility

- Experiencing Homelessness
- Foster Care
- Public Assistance
 - FIP
 - SSI
 - SNAP

Income Eligible

- UNDER 100% Poverty Guidelines
- Between 100-130% of Poverty Guidelines
- Over Income**
- 10% Maximum for Non-AI/AN Programs

Documentation Used to Determine Eligibility

Categorical

- FIP Benefit Letter
- FIP EPPI Card Deposit/Balance Statement
- FIP Recipient on DHS Quarterly List
- SNAP Notice of Approval Letter
- SNAP Documentation of Current Balance/Benefits
- SSI Benefit Letter
- SSI Deposit/Balance Stmt
- Foster Care Subsidy
- Foster Care Letter
- Homeless Statement/Verification
- Other (Explain): _____

Non-Categorical

- 1040 Tax Statement
- W2 Statement
- Pay Stubs
- Written Statement from Employer
- Direct Bank Deposit Statement
- Self-Declaration of Income
- Unemployment
- Pension/Retirement
- Social Security (NOT SSI)
- Child Support
- Alimony
- Statement of No Income Declaration
- Other (Explain): _____

Signatures:

I certify that the information provided in this application is accurate and truthful to the best of my knowledge. I am aware that providing false information could result in dismissal from the program. I give permission for Community Action to share my information with other programs and internal databases for the purposes of data reporting and providing services to assist my household. This sharing of information is to be conducted with maximum respect for the confidentiality of participant information.

Parent/Guardian Signature: _____ Date: ____/____/____

(Foster child: birth parent or DHS will have to sign unless noted in court documents)

I certify that I have verified the information provided by the parent/guardian.

Staff Member Signature: _____ Date: ____/____/____

Staff Member Signature: _____ Date: ____/____/____

Staff Member Signature: _____ Date: ____/____/____

Job Title:

- Family Development Specialist
- ERSEA Coordinator
- Program Director

2022-2023 HEAD START SELECTION CRITERIA

COUNTY

Child's Name: _____

Date of Birth: _____

	Points	Score
Income Eligibility		
Categorical Eligibility (Homeless, Foster Child or Public Assistance – FIP, SSI or SNAP)	100	_____
Income Eligible (Below 100% Poverty)	50	_____
101-130% Poverty Level	25	_____
Enrollment		
Transition from Early Head Start or Returnee/Re-Enrollee	80	_____
Transfer from Another County or Program	70	_____
Other Factors		
Emergency Housing Crisis (Homeless, Loss of Home or Evicted)	100	_____
Foster Parent	90	_____
Guardian (grandparents, aunt/uncle, sibling, etc.)	80	_____
Diagnosed Serious Medical Condition (w/medical documentation) (conditions specified in 45 CFR 1308.7 – Contact Family Services Coordinator)	70	_____
Single Parent (in home)	20	_____
Child Neglect or Abuse (+ or Child Exposed to Drugs)	15	_____
Prenatal Exposure to Drugs and/or Alcohol (for applying child)	15	_____
Domestic Violence	15	_____
Substance/Alcohol Abuse/Gambling Addiction (family member in household)	15	_____
DHS Involvement with the Family (currently or previously)	15	_____
Less than High School Education without GED – Both parents	12	_____
Less than High School Education without GED – One parent	6	_____
Referral from Another Professional Provider (DHS, Mental Health provider, AEA, FaDSS, WIC or Public School)	10	_____
Recent Death in Immediate Family (parents, siblings or other immediate relatives in household)	10	_____
Recent Deportation of Parent or Parental Figure (w/in last 12 months)	8	_____
Deportation Concern	4	_____
Works/Attends School/Job Training – All parents in the home	8	_____
Works/Attends School /Job Training – Only one parent in a two parent home	4	_____
Military Parent/Veteran Parent	8	_____
Incarcerated Parent (or released within the last 6 months)	8	_____
Recent Divorce or Separation (w/in last 12 months)	7	_____
Recent Custody Change or Dispute (w/in last 12 months)	7	_____
Child Currently in Mental Health Counseling	7	_____
Parent with Mental Health Disorder/Diagnosis (currently or previously)	7	_____
Lack of Social Support	6	_____
Transportation Issues (lack of transportation, unreliable transportation or no license)	6	_____
Language Barrier (ESL)	6	_____
Involuntary Job Loss – Single Income Family (currently or w/in last 12 months) (includes a disabled parent in home)	6	_____
Involuntary Job Loss – Two Income Family (currently or w/in last 12 months)	3	_____
Teen Parent	5	_____
Unsafe Housing (reported by parent/guardian)	5	_____
Family Member with a Disability or Serious Medical Condition (in household)	4	_____
High Risk Pregnancy (currently pregnant)	4	_____
New to Area or Has Moved 3 or More Times (in the Last 12 months)	4	_____
Traveling Parent from a Two Parent Family (out of the home 5+ days/week)	4	_____
Child Has Never Attended Preschool Before– child turns 4 on or before 9/15/22 (Head Start applicant only – not EHS)	3	_____
Sibling in Head Start or Early Head Start (currently) (2 points per child)	2 x _____	_____
Number of children in household _____ x 3 points per child (if pregnant – also include unborn child)	varies	_____
Adjustment of points: (explain)		_____

Staff Signature & Date: _____ / ____ / ____

Total Points:



**Head Start
& Early Head Start**
Community Action of Southeast Iowa

Living Situation Verification

***At the time of the Application Appointment interview, the living situation of the family is determined. This form is filled out with any parent/guardian that indicates that the family is or might be homeless per the McKinney-Vento Homeless Assistance Act.**

Please help us understand your current living situation.

Applicant's Name: _____

Section 725(2) of the McKinney-Vento Homeless Assistance Act defines individuals as "homeless" if they lack a fixed, regular and adequate nighttime residence and live in one of the following scenarios:

(Mark the one statement that best describes the family's living situation):

We are sharing housing with other persons *due to a loss of housing, economic hardship or similar reasons*. In this instance, we have NOT chosen to live with others because we want to live together. We are currently living with others because we have to.

Living with others is not an option for my family, so we are temporarily living in a motel, hotel, trailer park, or campground.

We are unable to afford paying for a place to stay, so we are temporarily living in an emergency or transitional shelter.

There are no local shelters available in my area (or there is a waiting list), so we are temporarily living in a public space, such as a car, park, abandoned building, substandard housing, bus or train station, or a similar setting.

Document the circumstances that lead to the current living situation:

Verification of Living Status

I verify that the information I have provided is correct and accurately reflects the living situation of my family. I also understand that Head Start Staff may need to validate the status of my living situation with a friend, family member or third party organization if I am unable to provide any documentation on my own as proof of my living situation.

I thus give permission for Community Action of Southeast Iowa staff to contact the below named person to verify the current living situation of my family.

Name of Contact: _____ Relationship/Job Title: _____
Contact Phone: _____ Address: _____

Parent/Guardian Signature _____

Date _____

For Agency Use Only:

I certify that I have reviewed the above information with the applicant family and have determined via our interview and/or contact with a third party that the applicant is categorically eligible for the Head Start program as a homeless person.

Staff Signature _____

Date _____

If a Third Party was contacted:

I contacted the above mentioned person on _____ and she/he confirmed the applicant's living situation.

Date



**Head Start
& Early Head Start**
Community Action of Southeast Iowa

Statement of No Income Declaration

***This is filled out with any parent/guardian that states that they have no income.**

**Please help us understand how you have been managing with no income
by answering each question below.**

1) Do you live with someone else? _____ Yes _____ No
If yes, do you contribute to the rent and/or utilities? _____ Yes _____ No
If yes, explain how you contribute below:

2) Do you receive money on a regular basis? _____ Yes _____ No
If yes, complete the questions below:

How much do you receive? _____
How often do you receive it? _____
From where or who do you receive it? _____

3) How have you been paying your expenses for the last 12 months?

Rent/house payment – _____

Utilities – _____

Food – _____

Transportation – _____

Parent/Guardian Signature

Date

I certify that the information provided in this application is accurate and truthful to the best of my knowledge.

Staff Signature

Date

I certify that the information provided in this application is accurate and truthful to the best of my knowledge.