

**2022-2023 HEAD START SELECTION CRITERIA**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

|  | <b>Points</b>        | <b>Score</b> |
|--|----------------------|--------------|
| <b>Income Eligibility</b>  |                      |              |
| Categorical Eligibility (Homeless, Foster Child or Public Assistance – FIP, SSI or SNAP)   | 100                  | _____        |
| Income Eligible (Below 100% Poverty)   | 50                   | _____        |
| 101-130% Poverty Level   | 25                   | _____        |
| <b>Enrollment</b>  |                      |              |
| Transition from Early Head Start or Returnee/Re-Enrollee   | 80                   | _____        |
| Transfer from Another County or Program  | 70                   | _____        |
| <b>Other Factors</b>   |                      |              |
| 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)<br>(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<br>(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)  |                      | _____        |
| <b>Staff Signature &amp; Date:</b> _____ / ____ / ____   | <b>Total Points:</b> | <b>_____</b> |