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| F:\SHARE\Forms Transfers\Forms-latest PDFs and logos\CCS logos\CCS Sig stacked blk 1.5 PC.eps | | | | | | | | Spokane Head Start/EHS  ERSEA Eligibility Verification FORM | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | Program Year: | | | |  | | |
| 1. Child’s Last Name: | | | | |  | | | | | | | | First: |  | | | | | | | | | M.I.: |  |
| 2. Child’s date of birth: | | | | | |  | | | | | | | Is this child eligible? | | | | | | | Yes  No | | | | |
| 3. Annual income: | |  | | | | | | | | | | | Family size: | | | | | | | |  | | | |
| 4. Check the applicable category of eligibility for this child: (*Select one category)* | | | | | | | | | | | | | | | | | | | | | | | | |
| SSI (Supplemental Security Income) | | | | | | | | | | Income: (*Check box that applies)* | | | | | | | | | | | | | | |
| Homeless | | | | | | | | | | *Below 0-100% federal poverty* | | | | | | | | | | | | | | |
| Foster care | | | | | | | | | | *Between 101-130% of Federal Poverty Guidelines*  *(no more than 35% enrolled)* | | | | | | | | | | | | | | |
| Public Assistance (TANF) | | | | | | | | | | Over-Income 130% | | | | | | | | | | | | | | |
| 5. What documentation was used to determine eligibility? (*Check all that apply)* | | | | | | | | | | | | | | | | | | | | | | | | |
| SSI documentation | | | | | | | | | | Income Tax form | | | | | | | | | | | | | | |
| Family Housing Survey | | | | | | | | | | W-2 Form | | | | | | | | | | | | | | |
| Declaration of no income | | | | | | | | | | Pay Stubs | | | | | | | | | | | | | | |
| Foster Care documentation | | | | | | | | | | Letter from employer | | | | | | | | | | | | | | |
| Kinship Care documentation | | | | | | | | | | Child Support | | | | | | | | | | | | | | |
| TANF documentation | | | | | | | | | | Grants/Scholarship | | | | | | | | | | | | | | |
| Children’s Administration Caregiver Authorization | | | | | | | | | | Unemployment | | | | | | | | | | | | | | |
|  | | | | | | | | | | Other | | | | |  | | | | | | | | | |
| 6. Was there an in-person enrollment interview?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | |
| If no, explain: | | |  | | | | | | | | | | | | | | | | | | | | | |
| Signatures | | | | | | | | | | | | | | | | | | | | | | | | |
| I have determined this child’s eligibility and have examined the documents listed above. I understand that intentionally falsifying eligibility is a serious offense that subject to a just cause investigation which could result in disciplinary action up to and including dismissal. | | | | | | | | | | | | | | | | | | | | | | | | |
| Staff signature |  | | | | | | | | | | | | | | | Date of eligibility verification | | | | | | |  | |
|  | | | | | | |  | | | | | | | | | | | |  | | | |  | |
| I have reviewed this child’s eligibility and the documents listed above. | | | | | | | | | | | | | | | | | | | | | | | | |
| Manager Signature | | | |  | | | | | | | | | | | | Date of Review | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| **DEFINITION OF INCOME:** The total annual cash receipts before taxes (gross income) from all sources. | | | | | | | | | | | | | | | | | | | | | | | | |
| **Considered Income:**   * Wages/salary before deductions * Net income/from self-employment * Retirement * Social Security regular payments * Worker’s compensation * Veterans’ benefits * Alimony * Child support * Military family allotments * College scholarships, grants, fellowships | | | | | | | | | | | **Not Considered Income:**   * Capital gains * Assets gained from sale of property, house or car * Tax refunds * Gifts * Loans * Lump-sum inheritance * One-time insurance payments of compensation for injury * Non-cash benefits such as: Medicaid or Medicare   + Food stamps   + School lunches   + Housing assistance | | | | | | | | | | | | | |
| **PERIOD OF TIME for determining eligibility**   * The 12 months immediately preceding the month in which application to the program is made for the upcoming program year. * The preceding calendar year. | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| **PROOF OF BIRTHDATE** | | | | | | | | | | | | | | | | | | | | | | | | |
| Documents which can be used for verification of age:   * Birth certificate * Birth record (hospital copy) * Hospital announcements (from web pages) | | | | | | | | | | | | * Child profile record (children born in WA) * Medical, dental, mental health provider documents * Passport * Court documents | | | | | | | | | | | | |
|  | | | | | | | | |  | | | | | | | |  | | | | | | | |
| **DEFINITION OF HOMELESS** | | | | | | | | | | | | | | | | | | | | | | | | |
| **“Homeless children” means:**   1. Individuals who lack a fixed, regular and adequate nighttime residence; and 2. Includes:    1. Children and youths who are sharing the housing of other persons due to loss of housing, economic hardship or a similar reason; are living in motels, hotels, trailer parks or camping grounds due to lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement;    2. Children and youths who have a primary night-time residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings;    3. Children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and    4. Migratory children who qualify as homeless because they are living in circumstances described in a-c above.   Sec. 725(2) of the McKinney-Vento Homeless Assistance Act. | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| **DEFINITION OF Family** | | | | | | | | | | | | | | | | | | | | | | | | |
| **1305.3(e) *Family* means 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. | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Calculations** | | | | | | | | | | | | | | | | | | | | | | | | |