CSISD BIRTH-to-FIVE HEAD START PROGRAM
2013-2014 ELIGIBILITY PRIORITY CRITERIA

Child's Name_____   Birth date _____

Qualify for Pre-K? Yes_____ No_____   Date of Application_____

AREA	POINTS	SELECTION
Family attended Application Happening	???	
AGE BY SEPTEMBER 1 (Current Year)		
4 Years old	4	
3 Years 6 Months to 3 Years 11 Months	3	
3 Years 0 Months to 3 Years 5 Months	2	
Comments:		
EHS (Automatic acceptance into program if three before Sept 1 –parent choice)		
SERVICES (Federal or State Assistance) (Select One)		
TANF, SSI, Foster (Automatic acceptance in ranked order if room in program) (Circle one and check under selection column)		
WIC and/or Food Stamps only	4	
Medicaid or HUD only	5	
Any combination of services	6	
INCOMES (Select One)		
Meets income guidelines (at or below poverty level)	6	
100-130%	5	
Over 130% from $1-$1000	4	
Over 130% from $1001-$5000	3	
Over 130% from $5001-$10,000	2	
Comments:		
PARENTAL STATUS (Select One)		
Teen Parent	4	
Guardians/Grandparents	4	
Single Parent	3	
Comments:		
EDUCATIONAL LEVEL of parent < GED/HS Graduate	4	
DISABILITY (How was it diagnosed? Select One)		
Condition potential or suspected by parent/teacher	3	
Condition diagnosed by physician/outside agency	4	
Condition diagnosed/confirmed by Special Services	5	
DISABILITY - TYPE (Select One based on Special Services input)		
Significant disability	7	
Moderate disability	5	
Mild Disability	4	
Comment:		
FAMILY STATUS (Select One)		
Protective Service Referral	7	
Referral from another agency/Special Services/ECI	6	
Family Crisis (divorce, death, prison, etc.)	5	
High social service needs	4	
Has this family been served by CSISD Head Start in the past? No points assigned – only for program use		

_____   _____
Head Start Staff Member   Date