

**CSISD Early Head Start
2013-2014 Eligibility Criteria**

Child's Name _____ Birthdate _____

Date of application _____ Current Age _____

Area	Points	Selection
EHS services to family currently in place	Automatic w/opening	
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	4	
Medicaid or HUD only	5	
Any combination of services	6	
INCOME (Select one)		
Meets income guidelines (at or below poverty level)	6	
100-130%	5	
Over 130% from \$1001-\$1000	4	
Over 130% from \$1001-\$5000 over income	3	
Over 130% from \$5001-\$10,000 over income	2	
Comments: How much over income?		
PARENTAL STATUS (Select one)		
Teen parent	4	
Guardians (including grandparents)	3	
Single Parent	3	
Comments: Full time 30 hours 1 parent, 50 hours two parents		
DISABILITY (Select one)		
Medically diagnosed disability and/or developmental delay with IFSP from ECI	10	Changes made to simplify the decision and offer priority to disability situations.
Any one of the following: Community referral OR In the referral process OR Receiving therapy services from a provider other than ECI (Pathfinders, Easter Seals)	5	
FAMILY STATUS (Select one of following three)		
Protective Service Referral	7	
Family Crisis (divorce, death, prison, etc.)	5	
High Social Service Needs (incl. homeless/living with relative)	4	
EDUCATIONAL LEVEL OF PARENT < GED/HS Graduate		
	4	
NUMBER IN FAMILY (Select one-highest that applies of following three)		
Three children-prenatal-three years	3	
Two children-prenatal-three years	2	
Parents of multiples (under four)	2	
Family has or has had children in CSISD Head Start		
	3	
POINTS FOR PREGNANT WOMEN		
	10	Change made to provide priority for pregnancy.
TOTAL		

Head Start/EHS Staff Member
7/1/10 llf:H:EHS

Approved by Policy Council:

Date _____