Name of Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **NORTHWEST TENNESSEE HEAD START/EARLY HEAD START**

**Enrollment Criteria Point System 2024-2025 Program Year**

Several factors determine whether a family is eligible for Head Start/Early Head Start. The eligibility priority criteria in our program is defined in five categories: Parental Status, Income Status, Age Status, Disability Status, and Other Status.

|  |  |  |  |
| --- | --- | --- | --- |
| **Points** | **Criteria - 1** | **Points** | **Criteria -4** |
|  | **Parental Status** |  | **Disability Status - documented** |
| **250** | Single Parent/Guardian |  **999** | Diagnosed Disability (IEP & IFSP) |
| **500** | Teen Parent **(19 or below)** | **500** | Suspected Disability  |
| **100** | Foster Parent/Kinship Care | **500** | Physical Challenge/Impairment |
| **75** | Two Parents/Guardians | **200** | Chronic Medical Condition/Illness |
|  |  |  |  |
|  | **Criteria -2** |  | **Criteria -5** |
|  | **Income Status** |  | **Based on CA - Other Status** |
|  **300** | \*Public Assistance (TANF, SSI, SNAP) |  |  |
| **999** | Foster Child/Kinship Child | **25** | Parent No GED/ HS Diploma |
| **999** | Homeless | **25** | \*Parent with Chronic Health Issues |
| **See attached****charts** |  Family Income Per Guidelines **(150-100)** | **25** | Working Parent |
| **75** | 101 – 130 % Mid-Income | **25** | Parent in School/Training Program  |
| **25** | Over-Income  | **25** |  Incarceration of Parent  |
|  | **Criteria -3** | **25** | English As Second Language |
|  | **Head Start Age Status - 3** | **25** | Agency Referrals |
| **150** | Child PIR Age 4 & PIR 3 | **25** | Substance and/or Alcohol abuse |
| **125** | Child 4 after August 15th | **25** | Domestic Violence in home |
| **75** | Child 3 after August 15th | **25** | Parent or Guardian in Treatment Facility |
| **999** | Transition from EHS | **25** | Mental Illness in Home |
| **999** | Returning Child/Transfer | **25** | Child Abuse and Neglect |
|  | **Early Head Start Age Status**  | **25** | Teen Parent too young to get a job |
| **350** | Pregnant Teen | **25** | Parent looking for work and unable to find employment |
| **125** | Pregnant Mom | **25** | Food Insecurity |
| **100** | Birth-11mos. | **150** | Current Employee of Head Start |
| **75** | Child Age 12 mos.- 23mos. |  |  |
| **50** | Child 24 mos. – 36 mos. |  |  |
| **999** |  Transfer |  |  |

**\* Social Services Problems = (Incarceration, substance and/or alcohol abuse, domestic violence, mental illness, child abuse/neglect, job loss, TANF, SSI, Foster Child, Homeless etc….)\*Chronic health condition: ASK, “Do you or other parent/guardian have a chronic health condition that might keep you from participating in HS/EHS activities such as parent meetings, special classroom activities, field trips etc.” If they answer yes, then give points.**

**Name of Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Homeless \_\_\_\_ Public Assistance \_\_\_\_**

**Federal Poverty Income**

**2024 Family Income Guidelines – Chart One**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Income** **Criteria** | **Household/****Family Size** | **1** | **2** | **3** | **4** | **5** |
| **Points** | **Poverty Level** | **15,060** | **20,440** | **25,820** | **31,200** | **36,580** |
| **150** | **0 – 33 % below** | **0-4970** | **0-6745** | **0-8521** | **0-10,296** | **0-12,071** |
| **125** | **34 – 66 % below** | **4971- 9940** | **6746 -13,490** | **8522- 17,041** | **10,297-20,592** | **12,072-24,143** |
| **100** | **67 – 100 % below** | **9941 -15,060** | **13,491 -20,440** | **17,042-25,820** | **20,592-31,200** | **24,144-36,580** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Income** **Criteria** | **Household/****Family Size** | **6** | **7** | **8** | **9** | **10** |
| **Points** | **Poverty Level** | **41,960** | **47,340** | **52,720** | **58,100** | **63,480** |
| **150** | **0 – 33 % below** | **0-13,847** | **0-15,622** | **0-17,398** | **0-19,173** | **0-20,948** |
| **125** | **34 – 66 % below** | **13,848-27,694** | **15,623-31,244** | **17,399-34,795** | **19,174-38,346** | **20,949-41,897** |
| **100** | **67 – 100 % below** | **27,695-41,960** | **31,245-47,340** | **34,796-52,720** | **38,347-58,100** | **41,898-63,480** |

**For each additional person beyond 10, add $5,380**

**SOURCE: Federal Register, 2024**

**2024 POVERTY LEVEL GUIDELINES – Chart 2**

**ALL STATES (EXCEPT ALASKA AND HAWAII) AND DC**

**Percentages Over 2024 Poverty Guidelines**

|  |  |  |
| --- | --- | --- |
| **Family Size** |  **101% to 130 % is Mid-Income** | **Over 130% is Over Income** |
|  **1** | **15,060** |  **$19,578** |  **$19,579** |
|  **2**  | **20,440** |  **$26,572** |  **$26,573** |
|  **3** | **25,820** |  **$33,566** |  **$33,567** |
|  **4** | **31,200** |  **$40,560** |  **$40,561** |
|  **5** | **36,580** |  **$47,554** |  **$47,555** |
|  **6**  | **41,960** |  **$54,548** |  **$54,549** |
|  **7** | **47,340** |  **$61,542** |  **$61,543** |
|  **8** | **52,720** |  **$68,536** |  **$68,537** |
| **For each additional family****Members add $5,140.** | **Light Blue is mid-income** | **Anything one dollar over mid-income and highlighted darker blue is over-income.** |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

# 2024 Income Guideline

# Name of Child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthday\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Center\_\_\_\_\_\_\_\_\_\_\_\_ # in Family\_\_\_\_ Family Income\_\_\_\_\_\_\_\_\_\_\_\_

# Child’s Age at time of application\_\_\_\_\_\_\_\_\_

 For Office Use Only\_\_\_\_\_\_\_

\_\_\_\_\_­­­\_\_\_ Categorically Eligible

\_\_\_\_\_\_\_\_ Income Eligible (under 100%)

\_\_\_\_\_\_\_\_ Income Eligible (100%-130%)

\_\_\_\_\_\_\_\_ Over-Income (over 130%)

\_\_\_\_\_\_\_\_Disability Information Verified

# Indicate eligibility documentation:

# \*\*\* Has current IEP/IFSP\_\_\_\_\_\_

# Income Tax Form \_\_\_\_

# W-2 \_\_\_\_

# TANF documentation \_\_\_\_

# Statement of No Income \_\_\_\_

# Pay Stub \_\_\_\_

# Unemployment\_\_\_\_

# Employer statement \_\_\_\_

# Foster Care \_\_\_\_

# SSI documentation\_\_\_\_

# Social Security \_\_\_\_

# Homeless \_\_\_\_

# Child Support \_\_\_\_

# Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#

# I have carefully reviewed the documents and information I have provided with the Family Advocate and, by signing this form, certify to the best of my knowledge and belief that all information regarding eligibility provided by me is true and accurate.

# (parent/guardian signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date)\_\_\_\_\_\_\_\_\_\_

#  I have carefully reviewed the documents and information that has been provided to me by the applicant, and, by signing this form, certify to the best of my knowledge and belief that all information regarding eligibility provided to me is true and accurate.

# (FA)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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