

Name of Child _____



**NORTHWEST TENNESSEE HEAD START/EARLY HEAD START
Enrollment Criteria Point System 2023-2024 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.

<u>Points</u>	<u>Criteria - 1</u>	<u>Points</u>	<u>Criteria -4</u>
	<u>Parental Status</u>		<u>Disability Status - documented</u>
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
	<u>Criteria -2</u>		<u>Criteria -5</u>
	<u>Income Status</u>		<u>Based on CA - Other Status</u>
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
	<u>Criteria -3</u>	25	English As Second Language
	<u>Head Start Age Status - 3</u>	25	Agency Referrals
150	Child PIR Age 4 & PIR 3	25	Substance and/or Alcohol abuse
125	Child 3 or 4 after August 15th	25	Domestic Violence in home
999	Transition from EHS	25	Mental Illness in Home
999	Returning Child/Transfer	25	Child Abuse and Neglect
	<u>Early Head Start Age Status</u>	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.	100	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
2023 Family Income Guidelines – Chart One**

Income Criteria	Household/ Family Size	1	2	3	4	5
Points	Poverty Level	14,580	19,720	24,860	30,000	35,140
150	0 – 33 % below	0-4811	0-6508	0-8204	0-9900	0-11,596
125	34 – 66 % below	4812- 9623	6509 -13,015	8205- 16,408	9901-19,800	11,597-23,192
100	67 – 100 % below	9624 -14,580	13,016 -19,720	16,409-24,860	19,801-30,000	23,193-35,140

Income Criteria	Household/ Family Size	6	7	8	9	10
Points	Poverty Level	40,280	45,420	50,560	55,700	60,840
150	0 – 33 % below	0-13,292	0-14,989	0-16,685	0-18,381	0-20,077
125	34 – 66 % below	13,293-26,584	14,990-29,977	16,686-33,370	18,382-36,762	20,078-40,154
100	67 – 100 % below	26,584-40,280	29,978-45,420	33,371-50,560	36,763-55,700	40,155-60,840

For each additional person beyond 10, add \$5,140

SOURCE: Federal Register, 2023

**2023 POVERTY LEVEL GUIDELINES – Chart 2
ALL STATES (EXCEPT ALASKA AND HAWAII) AND DC
Percentages Over 2023 Poverty Guidelines**

Family Size	101% to 130 % is Mid-Income	Over 130% is Over Income
1	14,580	\$18,954
2	19,720	\$25,636
3	24,860	\$32,318
4	30,000	\$39,000
5	35,140	\$45,682
6	40,280	\$52,364
7	45,420	\$59,046
8	50,560	\$65,728
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.

2023 Income Guideline

Name of Child _____ Birthday _____

Center _____ # in Family _____ Family Income _____

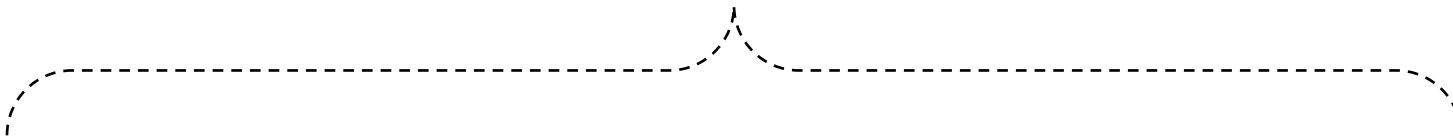
Child's Age at time of application _____

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 _____

For Office Use Only	
_____	Categorically Eligible
_____	Income Eligible (under 100%)
_____	Income Eligible (100%-130%)
_____	Over-Income (over 130%)
_____ Disability Information Verified	



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) _____

