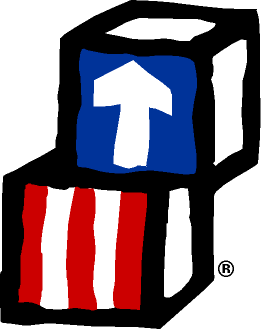
Name of Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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



**Enrollment Criteria Point System 2025-2026 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 and Other Status.

|  |  |  |  |
| --- | --- | --- | --- |
| **Points** | **Criteria - 1** | **Points** | **Criteria -4** |
|  | **Parental Status** |  | **Based on CA - Other Status** |
| **250** | Single Parent/Guardian |  |  |
| **500** | Teen Parent **(19 or below)** | **25** | Parent No GED/ HS Diploma |
| **100** | Two Parents/Guardians | **25** | Working Parent |
|  |  | **25** | Parent in School/Training Program |
|  | **Income Status** | **25** | Agency Referrals |
| **300** | \*Public Assistance (TANF, SSI, SNAP) | **25** | Child Abuse and Neglect |
| **See attached**  **charts** | Family Income Per Guidelines **(150-100)** | **25** | Teen Parent too young to get a job |
| **75** | 101 – 130 % Mid-Income | **25** | Parent looking for work and unable to find employment |
| **25** | Over-Income | **25** | Food Insecurity |
|  | **Criteria -3** | **150** | Current Employee of Head Start |
|  | **Head Start Age Status - 3** |  |  |
| **150** | Child PIR Age 4 & PIR 3 |  |  |
| **125** | Child 4 after August 15th |  |  |
| **25** | Child 3 after August 15th |  |  |
| **999** | Transition from EHS |  |  |
| **999** | Returning Child/Transfer |  |  |
|  | **Early Head Start Age Status** |  |  |
| **350** | Pregnant Teen |  |  |
| **125** | Pregnant Women |  |  |
| **100** | Birth-11mos. |  |  |
| **75** | Child Age 12 mos.- 23mos. |  |  |
| **50** | Child 24 mos. – 36 mos. |  |  |
| **999** | Transfer |  |  |

**Federal Poverty Income**

**2025 Family Income Guidelines – Chart One**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Income**  **Criteria** | **Household/**  **Family Size** | **1** | **2** | **3** | **4** | **5** |
| **Points** | **Poverty Level** | **15,650** | **21,150** | **26,650** | **32,150** | **37,650** |
| **150** | **0 – 33 % below** | **0-5165** | **0-6980** | **0-8795** | **0-10,610** | **0-12,425** |
| **125** | **34 – 66 % below** | **5166- 10,329** | **6981 -13,959** | **8796- 17,589** | **10,611-21,219** | **12,426-24,849** |
| **100** | **67 – 100 % below** | **10,330 -15,650** | **13,960 -21,150** | **17,590-26,650** | **21,220-31,150** | **24,850-37,650** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Income**  **Criteria** | **Household/**  **Family Size** | **6** | **7** | **8** | **9** | **10** |
| **Points** | **Poverty Level** | **43,150** | **48,650** | **54,150** | **59,650** | **65,150** |
| **150** | **0 – 33 % below** | **0-14,240** | **0-16,055** | **0-17,870** | **0-19,685** | **0-21,500** |
| **125** | **34 – 66 % below** | **14,241-28,479** | **16,056-32,109** | **17,871-35,739** | **19,686-39,369** | **21,501-42,999** |
| **100** | **67 – 100 % below** | **28,480-43,150** | **32,110-48,650** | **35,740-54,150** | **39,370-59,650** | **43,000-65,150** |

**For each additional person beyond 10, add $5,500**

**SOURCE: Federal Register, 2025**

**2025 POVERTY LEVEL GUIDELINES – Chart 2**

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

**Percentages Over 2025 Poverty Guidelines**

|  |  |  |  |
| --- | --- | --- | --- |
| **Family Size** | **101% to 130 % is Mid-Income** | | **Over 130% is Over Income** |
| **1** | **15,650** | **$20,345** | **$20,346** |
| **2** | **21,150** | **$27,495** | **$27,496** |
| **3** | **26,650** | **$34,645** | **$34,646** |
| **4** | **32,150** | **$41,795** | **$41,796** |
| **5** | **37,650** | **$48,945** | **$48,946** |
| **6** | **43,150** | **$56,095** | **$56,096** |
| **7** | **48,650** | **$63,245** | **$63,246** |
| **8** | **54,150** | **$70,395** | **$70,396** |
| **For each additional family**  **Members add $5,500.** | | **Light Blue is mid-income** | **Anything one dollar over mid-income and highlighted darker blue is over-income.** |

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

# 2025 Income Guideline

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

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

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

# Indicate eligibility documentation:

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

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

# TANF documentation \_\_\_\_

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

# Pay Stub \_\_\_\_

# Unemployment\_\_\_\_

# Employer statement \_\_\_\_

# SSI documentation\_\_\_\_

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

# 

# I have carefully reviewed the documents and information I have provided with the Family Services Worker 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.

# (FSW)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 