

Name of Child _____



**NORTHWEST TENNESSEE HEAD START/EARLY HEAD START
Enrollment Criteria Point System 2019-2020 Program Year**

Several factors determine whether a family is eligible for Head Start/Early Head Start. The eligibility priority criteria's 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
150	Single Parent/Guardian	500	Diagnosed Disability (IEP & IFSP)
350	Teen Parent/Pregnant Teen (18 or below)	200	Suspected Disability
150	Pregnant Woman (EHS only)	125	Physical Challenge/Impairment
100	Foster Parent	75	Chronic Medical Condition/Illness
75	Two Parents/Guardians		
	Income Status - 2		Other Status – 5 Based on CA
300	*Public Assistance (TANF, SSI)		
500	Foster Child	25	Parent No GED/ HS Diploma
500	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
	Head Start Age Status - 3	25	English As Second Language
150	Child PIR Age 4 & PIR 3	25	Agency Referrals
125	Child 3 after cut-off date	25	Substance and/or Alcohol abuse
		25	Domestic Violence in home
		25	Mental Illness in Home
	Early Head Start Age Status	25	Child Abuse and Neglect
350	Pregnant Teen	25	Teen Parent too young to get a job
150	Pregnant Mom	25	Parent looking for work and unable to find employment
125	Birth-11 mos.		Must give detailed explanation below to give CA points
100	Child Age 12 mos.- 23mos.		
75	Child 24 mos. – 35 mos.		

*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
2019 Family Income Guidelines – Chart One**

Income Criteria	Household/ Family Size	1	2	3	4	5
Points	Poverty Level	12,490	16,910	21,330	25,750	30,170
150	0 – 33 % below	0-4,122	0-5,580	0-7,039	0-8,498	0-9,956
125	34 – 66 % below	4,123-8,243	5,581-11,161	7,040-14,078	8,499-16,995	9,957-19,912
100	67 – 100 % below	8,244-12,490	11,162-16,910	14,079-21,330	16,996-25,750	19,913-30,170

Income Criteria	Household/ Family Size	6	7	8	9	10
Points	Poverty Level	34,590	39,010	43,430	47,850	52,270
150	0 – 33 % below	0-11,415	0-12,873	0-14,332	0-15,790	0-17,249
125	34 – 66 % below	11,416-22,829	12,874-25,747	14,333-28,664	15,791-31,581	17,250-34,498
100	67 – 100 % below	22,830-34,590	25,748-39,010	28,665-43,430	31,582-47,850	34,499-52,270

For each additional person beyond 10, add \$4,420

SOURCE: Federal Register, 2019

**2019 POVERTY LEVEL GUIDELINES – Chart 2
ALL STATES (EXCEPT ALASKA AND HAWAII) AND DC
Percentages Over 2019 Poverty Guidelines**

Family Size	101% to 130 % is Mid-Income	Over 130% is Over Income
1	\$12,490	\$16,237
2	\$16,910	\$21,983
3	\$21,330	\$27,729
4	\$25,750	\$33,475
5	\$30,170	\$39,221
6	\$34,590	\$44,967
7	\$39,010	\$50,713
8	\$43,430	\$56,459
For each additional family Members add \$4,420.		Light Blue is mid-income Anything one dollar over mid-income and highlighted darker blue is over-income.

2019 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) _____