



## Application/Income Verification Form

Child's Name: \_\_\_\_\_

PID: \_\_\_\_\_

Child's DOB: \_\_\_\_\_

1305 Family Size: \_\_\_\_\_

### Head Start Eligibility Form

1	Based on the child's DOB, is the child's age eligible to participate in the program?	Y	N
2	What category of eligibility is marked for this child?		
3	Is the RCCDC 1305 Family form attached?	Y	N

### Intake Form 4

4	Are all fields completed on Intake Form? List missing items in comments section.	Y	N
5	Family Income Amount	\$	_____
6	Over, Under, or 1-30% above income? (Circle one and list percentage.)	_____	%
7	Application signed by parent, CM, and FA? (Circle missing signatures.)		
8	Does income percentage (#9) and Eligibility Determination Statement match?	Y	N
9	Do the income documents from the HS Eligibility form match the forms listed on the Intake form 4?	Y	N
10	Does the income match the income documents attached? (If any inconsistencies, list in comments section.)	Y	N

### Income

11	What income documents are attached?		
12	Recalculate income (show documentation)		
13	Is income correct?	Y	N

### Third Party Income Verification

14	Is a Third-Party Consent Form needed on this application? If not, skip to #18	Y	N
15	Is the Third-Party form signed, name printed, and dated?	Y	N
16	Is the agency or contact person listed on the consent form?	Y	N
17	Is the income listed on the consent form?	Y	N

### My Head Start

18	Does income date/program type/eligibility type in MyHS.com match paper documents?	Y	N
19	Does income amount match?	Y	N
20	Is the Child added to the Waiting List?	Y	N
21	Are the Documents uploaded?	Y	N

**List Items needing corrections/add comments:**

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**Reviewed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Corrections Completed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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