

Monroe County Public Schools Head Start Program
Eligibility and Selection Criteria of Children and Family

Child Name: _____ **DOB** _____

Child	Point Value	Points Awarded
3 years old	25	
4 years old	15	
Foster Child	25	
On waitlist previous year (Eligible Income or Categorical)	15	
Diagnosed Disability (IEP or IFSP)	25	
Referred/Documented by Medical Doctor – Health and or Developmental Concerns	20	
Family		
Two Parent Household	10	
One Parent Household	15	
Foster Parent	15	
Teen Parent (under the age of 18)	15	
One or more parent incarcerated	20	
Parent and or family member disable – (receiving disability payment)	15	
Limited English	15	
Homeless (according to McKinney-Vento definition)	75	
Less than High School or GED	15	
Prior Status		
Transfer from another EHS or HS program (Documented)	25	
Returning family within the last 3 years	15	

Need	Point Value	Points Awarded
Referral from other Agency/Professional (Documented)	30	
Protective Services	30	
Possible Risk Factors –Circle all that apply <ul style="list-style-type: none"> • Substance or Alcohol Abuse • Domestic Violence • Disaster/Tragedy (i.e. death in the family and or natural disaster (Hurricane)) • Military or Immigration Deployment • Unemployment of both parents • No reliable transportation • New to the area / Relocation • Child lives with someone other than parent/ not in foster care • Divorce • _____ (other) 	50	
WIC	15	
TANF recipient	15	
Income		
Below federal poverty guidelines	75	
Between 101-130 % of the Federal poverty guidelines	25	

Child + Family + Prior Status + Need + Income = Total _____

By signing this document I declare I have reviewed the documentation provided and interview the parent/guardian:

Completed by Head Start Staff: _____ Date: _____

Manager Signature: _____ Date: _____