Early Head Start Eligibility Selection Criteria This section for staff use only

	Pregnant Mom		
	Eligible Child		
Name:		Date of Birth:	-
1.	Parent(s) age:		
	$\square \leq 16$ years		(3)
	☐ 17-19 years		(2)
2.	Parent(s) Income (FPL = Federal Poverty Level):		
	□ TANF		(5)
	□ SSI		(5)
	□ 50% or below FPL		(3)
	□ 51% - 100% of FPL		(2)
3.	Parent(s) Environmental Criteria:		
	☐ Experiencing Homelessness		(5)
	☐ Violence in home		(4)
	\square Lack of necessities * (i.e. food, clothing, etc.)		(3)
	\square Substandard home *		(3)
4.	Parent(s) Medical Criteria:		
	□ Mental Health		(5)
	□ Drug / Substance abuse		(4)
	☐ Known disability		(4)
	☐ No access to medical care		(3)
	☐ Chronic health problems		(3)
5.	Parent(s) Circumstantial Criteria:		
	☐ Military family/Veterans		(4)
	☐ High School/GED Student		(4)
	☐ Unemployed		(4)
	☐ Isolated/No social contact		(3)
	\square Less than High School Graduate Education		(3)
	☐ Higher Education Student		(3)
	☐ Single parent family		(2)
	☐ First time parent		(2)
	☐ No transportation		(2)
	□ Other barriers *		(2)
	☐ Community Agency Referral*		(2)

Parent Criteria Total _____

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6. F	Pregnancy Criteria:			
I	□ No Pre-Natal Care			(4)
I	□ High Risk Pregnancy			(3)
			Pregnancy Criteria To	tal
7. (Child Criteria:			
ı	□ In Foster Care			(5)
ı	☐ Child Protective Services	Referral		(5)
I	☐ Established delay / IFSP			(5)
I	☐ Established medical risk	(e.g. premature/low birth weight)		(5)
ı	□ Drug / substance exposu	re		(5)
ı	□ No Health Insurance			(4)
ı	☐ Suspected delay			(3)
I	□ Nutritional risk			(3)
			Child Criteria Total	
* (Comments (please provide	details re: items with an asterisk):		
-				
-				
Staf	ff Signature:	Date:	Grand Criteria Tot	al