ERS-10

Crossroads Head Start / Early Head Start
Enrollment Information
***For Office Use Only**

Primary Adult Name _____ Date of Birth _____

Applicant Name _____ Date of Birth _____

Program Details			
Program Year/Term	HS or EHS	Site	Classroom
Application Status	Notes		

Enrollment			
Application Date	Waitlisted Date	Abandoned Date/Reason	3rd Year Reverification Date

Eligibility			
Class Age	Eligibility Income	No. in Family	Income Status Elig 101-130 Over Foster Pub Asst Homeless

Was the Applicant Interview Completed: _____ In Person _____ Phone, Reason: _____

Category	***Status***	***Points***
Parent Status		
Disabled		
Income		
Age		
Other 1		
Other 2		
Other 3		
	Total	

Parent	***Disabled***	***Income***		***Age***
Foster/Kinship Family - 3	None - 0	Elig - 11 to 20	Homeless - 30	0 to 36 months - NA
Teen Parent Living Alone - 6	Diagnosed - 15	Foster - 25	Over Income - 0	3 Years Old - 3
Teen Parent - 4 One Parent - 3		101-130% - 5		4 Years Old - 4
Guardianship - 5 Two Parent - 1		Public Asst (TANF, SNAP, SSI) - 25		

Other	
Child Abuse/Neglect Documented - 15	Disability in Home - 7
Suspected Abuse/Neglect - 8	Agency Referred - 5
EHS Transition - 10	Sibling in Program/also applying - 8
Military Deployed - 7	Working Family - 10 (during pandemic)

Income

Family Member	**Income Source**	**Amount**	**Per**	**x AIC**	**Annual Income**	**Type**	**Verification**
					$		
					$		
					$		
					$		
					$		
				Total Annual Income of Family	$		

x AIC - Annual Income Calculator	***Type***	***Verification***	
Twice a Month - x24	Earned	W2	Check Stub
Every Two Weeks - x26	Unearned/Subsidized	Tax Return	Other - Specify
Monthly - x12		Letter	
Weekly - X52			

Verifying Staff Signature _____ Date _____

Supervisor Signature _____ Date _____

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