

**NINOS, Inc. Head Start/Early Head Start
Enrollment Eligibility Form (Coversheet)
Program Year 2022-2023**

Center _____ Application ID _____

Child Applicant

First _____ Last _____ CPID _____

Please complete the Financial Eligibility Section by initialing (*staff completing the application*) the appropriate status box (only one box). Families can only financially qualify in one manner. Complete the Family Needs Section by initialing all the different needs that apply to the applicant's family. Be reminded that any box initialed will need backup documentation.

Financial Eligibility Section		
Eligibility Type	Description	Initial Applicable (only one)
Categorical: 1302.12(c)(ii)(iii)(iv)	Homeless (McKinney-Vento)	
	Foster Child (Placement Letter)	
	SSI	
	TANF	
	SNAP	
Income: 1302.12(c)(i) 1302.12(d)(i)	Income Eligible (0 – 100%)	
	Income Eligible OG (100 – 130%)	
	Not Eligible (above 130%)	
Family Needs Section		
Need	Description	Initial all that Apply
Special Needs:	The child with diagnosed special needs and is receiving ECI or Easter Seals service with an Individual Family Service Plan (IFSP) or who is receiving services from a local education agency (LEA) with an Admission, Review, and Dismissal (ARD)	
High Social Service Need:	Teen Parent(s) Grandparent(s) with a legal court order of guardianship Kinship (placement letter) Single Parent Family	
Employment or Training:	Parent/Guardian is currently working full-time Parent/Guardian is currently enrolled in post-secondary school/training	
Community Partnerships:	A family who is in current community partnerships that adhere to the enrollment criteria agreement (i.e., TSTC Campus, Housing Projects)	
Family In Crisis:	Chronic violence or substance abuse referred by child welfare agencies Domestic violence Parent/Guardian diagnosis with a disability (SSI) Immigrant/Refugee to the United States Incarcerated Parent(s)/probation & parole	

Employee Name: _____ **EMPID:** _____