

**MIGRANT HEAD START
PRELIMINARY ELIGIBILITY WORKSHEET**

Note: This form is to be completed by staff only.

Center/FCCH _____

Parent or Legal Guardian _____

Current Street Address _____ Phone _____

Mailing Address (if different from above) _____

A. How many children under 6 years of age do you have that need child care?

Names of Children	Date of Birth	✓ if Special Needs	Check One	
			Preschool	Infant (under 3 years)
1.				
2.				
3.				
4.				
5.				

B. Total Number of Family Members: Adults _____ Children _____

Yes	No

C. Did the family move during the past 24 months seeking agricultural employment?

If yes, date of last qualifying move: _____

1. Family moved from: _____
Street City State Zip Code

2. Moved to: _____
Street City State Zip Code

3. Permanent Address: _____
Street City State Zip Code

Yes	No

D. Was more than 50% of the earned income in the last 12 months from agricultural work?

E. Is the gross family income at, or below Program Income Eligibility Guidelines? _____
Indicate Program

Income: \$ _____ For what period?: _____

Comments: _____

☐ I give the agency authorization to share this preliminary information to the County Office of Education, Migrant Education Department.

Parent/Guardian Signature

Date

FOR OFFICE USE ONLY

- ☐ Family qualifies for Migrant Head Start and will register.
☐ Family may qualify for Migrant Head Start under 10% over income exemption.
☐ Family does not qualify for Migrant Head Start. Referred to _____
☐ Family may qualify for California Department of Education Program because they are:
☐ Current Migrants ☐ Former Migrants
☐ Seasonal Farm Workers ☐ Other Reasons
 Explain _____

Agency Representative

Date