

Child/Family Services
Preliminary Eligibility Worksheet
(Hot Sheet)

CF/O-24 Revised 01/11
(optional)

This form will be used as an initial form to determine possible Migrant/Seasonal Head Start family eligibility and to determine next steps in the registration process.

Enter the site name (center, FCCH or Pregnant Woman-PW)

Enter the parent/guardian name (Mother's name for pregnant women)

Enter the family address, phone number and mailing address

A - Enter the names and birthdates of the children needing care, indicate if special needs exist and the appropriate age range of each child (preschool or infant/toddler)

B – Enter the total number of family members by category: adults and children

C – Indicate (Yes/No) if the family moved to seek agricultural work, the date of the qualifying move and the appropriate address information

D – Indicate (Yes/No) if previous 12 month income was primarily from agricultural work (more than 50%)

E – Indicate (Yes/No) if family gross income meets Head Start poverty guidelines and insert the other pertinent information (program, income dollar amount, income time period-prior calendar year, previous 12 months)

Enter any additional comments