

MIGRANT SEASONAL HEAD START

"Declaration Of Intent To Work In Agriculture" TRACKING

Year_____

| FAMILY NAME | Number of Children | Enrollment Date | Cut–off Date (45 Calendar Days from Enrollment) | Agricultural Income Verified Date / Initials | April Date / Initials | May Date / Initials | June Date / Initials | July Date / Initials | August Date / Initials | September Date / Initials | October Date / Initials | November Date / Initials | December Date / Initials | January Date / Initials | February Date / Initials |
|-------------|--------------------------|--------------------|---|--|------------------------------------|----------------------------------|-----------------------------------|-----------------------------------|------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------------|--------------------------------------|--------------------------------|
| 1. | | | | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | | | | |
| 4. | | | | | | | | | | | | | | | |
| 5. | | | | | | | | | | | | | | | |
| 6. | | | | | | | | | | | | | | | |
| 7. | | | | | | | | | | | | | | | |
| 8. | | | | | | | | | | | | | | | |
| 9. | | | | | | | | | | | | | | | |
| 10. | | | | | | | | | | | | | | | |

Note: Families have 45 calendar days from the child's first day of enrollment to provide proof of AGRICULTURAL WORK earnings.

The Migrant and Seasonal Head Start program defines eligible families as those engaged in agricultural work and whose family income comes primarily from this activity. 45 CFR Part 1305.2(m)