

HEAD START/ EARLY HEAD START  
APPLICATION APPROVAL CHECKLIST

Applicant: \_\_\_\_\_

Manager Review Date: \_\_\_\_\_  
Return to Manager Target Date: \_\_\_\_\_

ELIGIBILITY PROCESS	Y	N	N/A	Initials
Application Date (Current Program Year)				
Birth Date Documented/Verified and Age Eligible				
Ethnicity/Race Completed or "Other" Explained in Comments				
Family & Household Size Verified				
Income Calculation is Complete, Accurate and matches Income Calculation and Family Size Worksheet				
Correct Income Status is Checked				
Categorical Eligibility: Homeless Foster is Current <i>if applicable</i>				
Foster Care documents in file <i>if applicable</i>				
Self-Identification of Current Residency on File <i>if applicable</i>				
Public Assistance (TANF/SSI) is Current <i>if applicable</i>				
CPS/Court Referral Documentation on File <i>if applicable</i>				
Current & Complete IEP/IFSP Documents on File <i>if applicable</i>				
All documents used to verify eligibility are checked in Documents Verified				
Self-Certification of Income on File with Evidence of Staff Describing Efforts Made to Verify Income <i>if applicable</i>				
Immunization Documents Reviewed and Up to Date				
Comments to Explain Non-Reflective or Unreasonable Income <i>if applicable</i>				
Interview Process Documented (Face-to-Face/Phone)				
Signatures-Parent/Guardian Signed Application				
Signatures-Staff Signed Application				
Changes to Application are Dated & Initialed, All Information is Completed w/o Blanks				
CFS Parent/Guardian Consent for Release of Information Form <i>if applicable</i>				
Child's Caregiver Authorization Affidavit <i>if applicable</i>				
<b>MANAGER APPROVED TO PRIORITIZE</b> <i>(manager will sign CFS Head Start Application)</i>				

*(Please Note: If the manager did not approve to prioritize;  
then refer to comments noted here and return to manager for approval by the above given target date)*

Comments \_\_\_\_\_

---



---



---



---



---



---