

CENTRAL CALIFORNIA MIGRANT HEAD START  
MIGRANT SEASONAL HEAD START  
APPLICATION APPROVAL CHECKLIST

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

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

ELIGIBILITY PROCESS	Y	N	N/A	Initials
If Not Using COPA / The Correct CFS Head Start Application is Being Used (Most current )				
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 the Migrant Program Income Worksheet and Verification form				
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>				
Over 50% Agricultural Income Verified <i>if applicable</i>				
Declaration of Intent to Work in Agriculture Form in the File <i>if applicable</i>				
Migratory Documents Verified <i>if applicable</i> (Not Required for SHS)				
Self-Declaration of Migratory Move on <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				
Immunization Documents Reviewed and Up to Date				
Comments to Explain Non-Reflective, Unreasonable Income <i>if applicable</i>				
Interview Process Documented (Face-to-Face/Phone)				
Signatures-Parent/Guardian Signed Application				
Signatures-Staff Signed Application to Confirm Verification Process is Complete				
Changes to Application are Dated & Initialed, All Information is Completed w/o Blanks				
CFS Parent/Guardian 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 \_\_\_\_\_  
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