

MIGRANT SEASONAL HEAD START

“Declaration Of Intent To Work In Agriculture”

TRACKING

DRAFT

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
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Note: Families have 45 calendar days from the child’s first day of enrollment to provide proof of AGRICULTURE 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)