

## Request to Enroll Near Low – Income Families

On December 12, 2007, the President of the United States signed a bill reauthorizing the Head Start program. On January 22, 2008 the Office of Head Start issued an Information Memorandum, ACF-IM-HS-08-03, advising programs on how to implement Section 645(a)(1)(B)(iii)(II) of the Head Start Act. This provision allows Grantees to serve up to 35% of their children from families with incomes below 130% of the federal poverty line ("Near Low Income"). Delegate agencies requesting to implement this provision must submit the following documents to the Grantee for approval prior to enrolling children in this category.

Agency Name \_\_\_\_\_

Program Year \_\_\_\_\_

1. Submit rationale of the need to serve families whose income exceeds the federal poverty guidelines. (see attached form pg. 2-3)
2. Submit current community assessment data on the demographics of local families of eligible children served in the program. (see attached form pg. 4-6)
3. Provide information on the children currently enrolled who are income-eligible and/or homeless, over income, as well as children who have disabilities.
  - COPA Report #302 Demographic Information Report – filtered by "over income at eligibility" and "currently enrolled"
4. Submit data on families who are on the agency waitlist.  
**COPA Report #231 Eligible/Accepted Children Report (customized for income status and IEP status)**
5. Attach current recruitment, prioritization and selection procedure.

If approved the agency must submit the following reports monthly to the grantee:

- COPA Report #302 Demographic Information Report – filtered by "over income at eligibility" and "currently enrolled"
- **COPA Report #231 Eligible/Accepted Children Report (customized for income status and IEP status)**

For more information see Information Memorandum ACF-IM-HS-08-03, the Improving Head Start for School Readiness Act of 2007, or contact Jenny Pettit (RHS/EHS) at 209 238-1800 or Tony Jordan (MSHS) at 209 238-6300.

## Rationale of the Need to Serve Families Whose Income Exceeds the Federal Poverty Guidelines

Funded Enrollment: \_\_\_\_\_

Current Enrollment: \_\_\_\_\_

Number of Eligible Children on the Waitlist: \_\_\_\_\_

Number of Children on the Waitlist with incomes at 100%-130% of the Federal Poverty Guidelines: \_\_\_\_\_

Summary of ongoing recruitment efforts the agency has implemented in an effort to serve income eligible children:

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

**For office use only:**

Current Year Enrollment per EOM report: \_\_\_\_\_ Aug \_\_\_\_\_ Sept. \_\_\_\_\_ Oct. \_\_\_\_\_ Nov.  
 \_\_\_\_\_ Dec. \_\_\_\_\_ Jan. \_\_\_\_\_ Feb. \_\_\_\_\_ March \_\_\_\_\_ April \_\_\_\_\_ May \_\_\_\_\_ June \_\_\_\_\_ July

Prior Year Enrollment per EOM report: \_\_\_\_\_ Aug \_\_\_\_\_ Sept. \_\_\_\_\_ Oct. \_\_\_\_\_ Nov. \_\_\_\_\_  
 \_\_\_\_\_ Dec. \_\_\_\_\_ Jan. \_\_\_\_\_ Feb. \_\_\_\_\_ March \_\_\_\_\_ April \_\_\_\_\_ May \_\_\_\_\_ June \_\_\_\_\_ July \_\_\_\_\_

Summary of the need to serve families whose income is up to 130% of the poverty guidelines (please include in summary applicable demographics):

[illegible]

Submitted by (Delegate/DO Representative): \_\_\_\_\_  
Name

\_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Reviewed by (Grantee Coordinator): \_\_\_\_\_  
Name

\_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Approved by (Grantee Director): \_\_\_\_\_  
Name

\_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

## Demographics of Local Families

Please indicate the demographic make-up of the families typically served by your program. Program Information Report (PIR) data from your current Community Assessment can be used.

### Ethnic Composition

# or percent: (Note that for each item, # total should equal at least funded enrollment, percent total should equal 100)

Hispanic:	
Non-Hispanic:	
<b># or %</b>	<b>TOTAL</b>

### Ethnic Composition

# or percent: (Note that for each item, # total should equal at least funded enrollment, percent total should equal 100)

American Indian or Alaska Native	
Asian	
Black or African America	
Native Hawaiian or Pacific Islander	
White	
Bi-Racial or Multi-Racial	
Other	
Unspecified	
<b># or %</b>	<b>TOTAL</b>

Primary Languages Spoken

# or percent: (Note that # total should equal at least funded enrollment, percent total should equal 100)

Language	# or %	Language	# or %
English		Native North American or Alaska Native Languages	
Spanish		Pacific Island Languages	
Native Central American, South American, and Mexican American		European and Slavic Languages	
Caribbean Languages		African Languages	
Middle Eastern & South Asian Languages		Other	
East Asian Languages		Unspecified	
		<b>Final Total # or %:</b>	

Geographic Location in the Service Area

Please describe the location of where typical families in your program live. (Example: Families live within 2 miles, southwest of the center)

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Education Level of Parents

# or percent

Level of Education	# or %
Less than high school graduate	
High school graduate or GED	
Some college, vocational school, or associate degree	
Bachelor's or advanced degree	
<b>Final Total # or %:</b>	

*Types of Employment*

Please indicate the types of jobs parents have. (check all that are applicable)

☐ Agricultural      ☐ Construction      ☐ Manufacturing      ☐ Wholesale Trade

☐ Retail      ☐ Transportation and Warehousing      ☐ Real Estate

☐ Food Service

☐ Other \_\_\_\_\_

*Housing Conditions*

Please describe the housing conditions of families that are typically served in your program.  
(Example: availability, average housing costs)

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