



Lowndes County
Board of Education Head Start



**ELIGIBILITY SELECTION CRITERIA (FOR CHILD PLACEMENT)
FORM SOCSER606**

Child's Name: _____ **D.O.B.** _____

Instructions: Check one box in each area (can be more than one (1) depending on the individual's situation) based on the information from the application and/or other sources. When appropriate, write in comments to document reasons for selections. Sign the form below & attach to the application. The "DESCR" and "PTS" for each item checked should be copied on the application.

AREA	DESCR	PTS	SELECT
PARENTAL STATUS			
O = One Parent	ONE	60	()
T = Teen Parent	TEEN	100	()
D = Parent w/Disability	DISP	80	()
F = Foster Parent	FSTR	100	()
N = Not Child's Parent	NPAR	100	()
T = Two Parents	TWO	40	()

Comments: _____

DISABILITIES/STATUS			
Z = Zero/No Disabilities	NONH	00	()
X = Potential or Suspected	SUSP	25	()
B = To W-Diagnosed	B to W	50	()

Comments: _____

INCOME/ELIGIBILITY (Use Income Guidelines)			
Public Assistance	SSI/TANF/SNAP	300	()
Foster Child	FCARE	300	()
Homelessness	HMLS	300	()
Eligible Income 0-25% Below	L25%	130	()
Eligible Income 26-50% Below	L50%	120	()
Eligible Income 51-75% Below	L75%	110	()
Eligible Income 76-100%	ELIG	100	()
High Income 101%-130%	H101%-130%	10	()
Over Income	OVER	00	()

Comments: _____

OTHER			
Covid-19	COVID	80	()
High Social Service Need	HIGH	60	()
Protective Services	PSREF	80	()
Referred from Other Agency	REF	30	()
Military Deployment	MIL-D	40	()
Family Crisis	CRIS	50	()
English Language Learners	ELL	80	()

Comments: _____

Age by: September 1			
4 YRS 0 Months to 4 YRS 11 Months	4+	80	()
3 YRS 0 Months to 3 YRS 11 Months	3+	60	()

Head Start Staff Official Signature: _____

Date: _____ **Total Points:** _____

Staff signature _____ **Date:** _____