Lower Columbia College Head Start/EHS/ECEAP

Eligibility Verification

Child's Name: _____ Child's Age: _____

Child's date of birth: _____ Family Size: _____

Immunization Status: _____ IEP: _____

Income Verification

- ☐ Foster care grant for this child *(choose family size of 1)*
  - Case Number _____
  - Monthly Grant _____
- ☐ McKinney Vento Statement
- ☐ Family Income Statement
- ☐ Kinship Care
- ☐ SNAP/TANF Grant
  - Client ID _____

If one of the grants above is check, skip other income verification and sign on bottom of the page.

Name of person(s) receiving income	Document Verified	Annual Amount	Comments
	W-2 (Parent #1)	$	
	W-2 (Parent #2)	$	
	Tax Return (1040) or IRS transcript (Parent #1)	$	
	Tax Return (1040) or IRS transcript (Parent #2)	$	
	Pay stubs for 12 months (Parent #1)	$	
	Pay stubs for 12 months (Parent #2)	$	
	Child support received, if required by a child support order	$	
	Disability income, including SSI (HS Eligible)	$	

(C: 04/09; R: 04/22)

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Name of person(s) receiving income	Document Verified	Annual Amount	Comments
	Military Leave & Earnings Statement (LES). Count all pay and allowances except BAH, BAS, FSH, and HFP/IDP.	$	
	Self-employment net income	$	
	SSI (HS eligible)	$	
	SNAP Food Assistance	$	
	TANF cash assistance	$	
	Child-only TANF or foster care grant for non-ECEAP child	$	
	Unemployment	$	
	Worker's Compensation (L & I)	$	
	Tribal Income (taxable)	$	
	Other cash income not above (Parent #1)	$	
	Other cash income not above (Parent #2)	$	
	Total	$	

HEAD START

☐ Income Eligible☐ Between 100<130% FPL (no more than 35% enrollment)
☐ Exceeds FPL Eligibility (no more than 10% enrollment allowed)

ECEAP

☐ Income Eligible☐ Between 37%-50% SMI (no more than 13% w/o IEP)
☐ Exceeds SMI Eligibility (no more than designated number of slots w/o IEP)

I have carefully reviewed the documents and information that has been provided to me by the applicant, and, by signing this form, certify to the best of my knowledge and belief that all information regarding eligibility provided to me is true and accurate.

Staff Name: _____ Date of Verification: _____

Staff Signature: _____ Title: _____

INCOME CALCULATION GUIDE

Monthly Income Calculation Table: How to Translate Income into a Monthly Figure

Pay Period	**Formula**
Hourly	Hourly wage x 40 hours per week x 4.33
Monthly, same gross pay each month	Use gross salary
Paid same gross amount exactly 2 times per month (e.g. 1st and 15th of month)	Gross salary x 2
Paid same gross amount every 2 weeks (e.g. every other Friday)	Gross salary x 2 x 4.33
Weekly	Gross salary x 4.33