

NOCAC Head Start  
2020-2021 Selection Criteria

Child's Name: \_\_\_\_\_

DOB \_\_\_\_\_

| AGE  | Score |
|--|-------|
| 4 Year Old                                     | 50    |
| Publically Funded Full Day Preschool Available | 20    |
| 3 Year Old                                     | 40    |
| 5 Year Old with Letter from School District    | 50    |
| High Risk Pregnancy with medical documentation | 50    |
| Pregnant Woman 1st Trimester                   | 40    |
| Pregnant Woman 2nd Trimester                   | 30    |
| Pregnant Woman 3rd Trimester                   | 20    |
| Birth - 12months                               | 40    |
| 13 months-24 months                            | 30    |
| 24 months - 30 months                          | 20    |
| 30 months or older                             | 10    |

| INCOME   | Score |
|--|-------|
| Public Assistance: TANF / OWF / SSI                        | 90    |
| 1302.12 ©(1)(iii) Eligible for Public Assistance - Kinship | 90    |
| Low Income 0-50% FPG                                       | 50    |
| Low Income 51-100% FPG                                     | 30    |
| Low Income 101-130% FPG                                    | 10    |
| Over Income 131 - 200% FPG                                 | 0     |
| <b>Categorically Eligible - No income required</b>         |       |
| Foster Child   | 100   |
| Homeless (determined by the McKinney Vento Act)            | 100   |

| PARENTAL / CARETAKER STATUS | Score |
|-----------------------------|-------|
| Single Parent/Caretaker     | 30    |
| Two Parent/Caretaker        | 20    |

| DISIBILITY  | Score |
|---|-------|
| IEP   | 100   |
| Professionally Diagnosed Medical Condition (IDEA) | 50    |
| Help Me Grow (IFSP)                               | 50    |

| FAMILY / HOUSEHOLD FACTORS  | Score |
|---|-------|
| Transition from Early Head Start to Head Start                        | 40    |
| Alcohol/Drug Abuse - Domestic Violence - Incarceration                | 40    |
| Child has chronic medical needs (Asthma, Seizures, Diabetes, etc....) | 20    |
| Children Removed from the Home / Referred by CPS                      | 50    |
| Currently Receives Food Assistance - Medicaid - OWF                   | 20    |
| Death of Immediate Family Member                                      | 10    |
| Diagnosed Medical and or Mental Health Issue (Family)                 | 20    |
| English Language Learners   | 40    |
| Family does not have reliable transportation                          | 20    |
| Lice, Fleas and/or Bed Bugs infestation                               | 10    |
| Need Assistance with Basic Needs ( Housing-Food-Clothes)              | 20    |
| No Dental and/or Medical Home   | 20    |
| No Dental and/or Medical Insurance                                    | 30    |
| Parent does not have Driver's License                                 | 10    |
| Parent has No High School Diploma or GED                              | 10    |
| Parent in the US Military or a Veteran                                | 10    |
| Referred from WIC/LEA/HMG/Doctor or Other (specify)                   | 20    |
| Teen Parent   | 10    |
| Under Employment in Family  | 10    |
| <b>TOTAL</b>  |       |

If this is an updated Selection Criteria sheet because the child left then returned to our program in the same program year please have Parent/Guardian sign and date along with Staff Member confirming the correct Selection Criteria for the families current situation.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Staff Member Signature \_\_\_\_\_

Date \_\_\_\_\_