

**Bristol Bay Native Association Head Start Program
ELIGIBILITY PRIORITY CRITERIA**

Child's Name: _____ Birthday ____/____/____ Community: _____

Parental Status		
O - One Parent	One 10	<input type="checkbox"/>
T - Two Parent	Two 00	<input type="checkbox"/>
F - Foster Parent	Auto 15	<input type="checkbox"/>
	Enroll	
N - Not the child's Parent	Other 15	<input type="checkbox"/>

Disability		
Z - Zero Handicap	None 00	<input type="checkbox"/>
X - Potential or Suspected	Susp 90	<input type="checkbox"/>
B - Diagnosed Condition	_____ 125	<input type="checkbox"/>

Income			
# in household: _____ Poverty Guideline: \$ _____ Annual Income: \$ _____	Eligible income at or Below Poverty Level	Elig 200	<input type="checkbox"/>
	Categorically Eligible: Homeless SSI		
	Foster Care TANF Other: _____	Elig 200	<input type="checkbox"/>
	Low Income 100%-130% Over Poverty Guidelines	130% 50	<input type="checkbox"/>
	Over Income	Over 0	<input type="checkbox"/>

To Calculate % Below Poverty Guidelines:
 STEP 1: Income ÷ Poverty Guideline = _____
 STEP 2: Subtract resulting # from 1 = _____
 STEP 3: This number is your % below Poverty Guideline
 (Enter here) _____

Other		
Family Crisis (Terminal Illness/Death in Family)	Crisis 25	<input type="checkbox"/>
High Risk Family (Mental, Illness, Disabled)	Hrisk 25	<input type="checkbox"/>
Serious Child Health Problems	Hlth 25	<input type="checkbox"/>
Non English Speaker-4 year old	No Eng 35	<input type="checkbox"/>
Non English Speaker-3 year old	No Eng 0	<input type="checkbox"/>

Age by September 1		
Final year before entering Kindergarten	4 yr 20	<input type="checkbox"/>
2 years before entering Kindergarten	3 yr 0	<input type="checkbox"/>

AIAN		
AIAN Child	AIAN 40	<input type="checkbox"/>
Total Points		<input type="text"/>

Staff Certification: _____ Date: _____