

**Early Explorer Early Head Start
Eligibility Criteria Priority Factors
(For Agency Use Only)**

Center Base _____

Home Based _____

Child's Name _____ Date of Birth _____

Expectant Mother _____ Due Date _____

<u>Parental Status</u>	<u>Points</u>	<u>Comments</u>
Applicant working/going to school full time	3	
Foster Parent	3	
Not the Parent	3	
First-time Parent	3	
One Parent	2	
Two Parent	1	
<u>Child Age</u>		
Prenatal	5	
Under 6 months	4	
Under 12 months	3	
Under 24 months	2	
Under 36 months	1	
<u>Risk Factors</u>		
Teen Parent	5	
Child with Diagnosed Disability	5	
High Service Need (Abuse/Neglect)	5	
High-Risk Pregnancy	4	
Premature Birth	4	
Parent with Disability	4	
Non-categorical developmental delay	4	
Enrolled in Even Start	4	
Unmet family need/crisis	3	
Professional Referral	3	
Needs not met (observed)	2	
<u>Income Eligibility</u>		
Low Income (75% below poverty level)	7	
Low Income (50% below poverty level)	6	
Low Income (25% below poverty level)	5	
Eligible Income at or below poverty level	4	
Eligible (Medically Underserved)	2	
Eligible (receiving services)	2	
Over Income	0	
<u>Center Base Enrollment</u>		
Care needed 5 days a week	3	
Care needed 3-4 days a week	2	
Care needed less than 3 days a week	1	

Total _____

Family Development Coordinator Date

Program Director Date

Referred by: _____

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