



Getting Ready Together

DOCUMENTATION OF ENROLLMENT CRITERIA

Child's Name _____ Birth Date _____

Referral Source: _____

CATEGORY	POINTS	SCORE
Previous Preschool Experience		
No previous preschool experience	500	
Age (Limit 1 Per Applicant)		
5 Years Old and entering Kindergarten in fall (age 5 by September 1)	400	
4 Years Old Prior and no preschool experience	200	
Income (Limit 1 Per Applicant)		
<input type="checkbox"/> Head Start Income Eligible <input type="checkbox"/> TANF/MFIP <input type="checkbox"/> SSI <input type="checkbox"/> Foster Care	200	
<input type="checkbox"/> SNAP <input type="checkbox"/> CCAP <input type="checkbox"/> CACFP <input type="checkbox"/> Free and Reduced lunch		
Disability (Limit 1 Per Applicant)		
Child has suspected disability, mental health challenge, or chronic health problem without an IEP or IFSP	300	
Living Environment (Limit 1 Per Applicant)		
Homeless (As defined by McKinney-Vento Act) (Questionnaire Attached)	50	
Child in Foster Care	50	
Special Considerations (Check all that apply.)		
<input type="checkbox"/> Single Parent <input type="checkbox"/> Teen Parent <input type="checkbox"/> First Time Mom (10 Points for Each)	10/30	
<input type="checkbox"/> Incarcerated Parent <input type="checkbox"/> Death of Child's Parent/Sibling (10 Points for Each)	10/20	
Family with 3 or more children under the age of 5.	10	
Child resides with someone other than biological parent(s) <input type="checkbox"/> Relative <input type="checkbox"/> Friend	10/20	
Parent has documented disability or mental health diagnosis	10	
Documented Public School, Community Agency, or Health Professional Referral	10	
1 Parent Household: <input type="checkbox"/> Unemployed <input type="checkbox"/> No High School Diploma or GED (10 Points for Each)	10/20	
2 Parent Household: <input type="checkbox"/> Both Parents Unemployed <input type="checkbox"/> Neither Parent has HS Diploma/GED (10 Points Each)	10/20	
Language Support Needed for <input type="checkbox"/> Child <input type="checkbox"/> Parent (10 Points Each)	10/20	
Sibling of Family Previously Enrolled in the Program	10	
Current or History of Domestic Violence	10	

Family Size _____ Total Income _____

TOTAL SCORE

Documents reviewed to verify income:

- Pay Stubs Form 1040 W-2(s) Previous Year Employer's Statement TANF/MFIP SSI (Disability) Homeless
- Court Documents: Foster Child Unemployment No Income Statement Child Support Free or Reduced Lunch

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.

Signature of WAPS Personnel _____ Date _____

Signature of Head Start Personnel _____ Date _____

Approved by enrollment committee (circle one): Yes / No / Waiting List