

Program Name: _____ Teacher: _____

Parent/Guardian's Name: _____ Student's UIC: _____

Child's Name: _____ Date of Birth: _____

****Staff should initial next to each document as it is received from parent/guardian****

Enrollment (First folder)		Education (Second folder)	
	GSRP Application Date Received: _____		ASQ-3 Questionnaire Date: _____
	Birth Certificate or Alternative Type: _____ Date: _____		COR or GOLD Reports Dates: 1 _____ 2 _____ 3 _____
	Parent ID Date Received: _____		Individual Development Plan/Home Visits/ Parent-Teacher Conference Form
	Income Verification Form and Documentation Date Received: _____		Partnering on Child Development
Additional Documents File (Third folder)			
	Child Information Record Date Received: _____		Participant Enrollment Form (CACFP or NSLP) *Required for all students
	Health Appraisal Date Received: _____		McKinney-Vento Form
	Immunizations Date Received: _____		Additional documents used by program
	Head Start Referral Document (if applicable) Date Received: _____	Eligibility Factors 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___	
	Written Information Packet Documentation Date Received: _____	EF Documentation: _____	
		EF Documentation: _____	
		EF Documentation: _____	

Total in household supported by income _____ Family Income (from Income Verification Form) \$ _____ Frequency _____

Family's FPL% _____ Based on exact FPL% the family is in Quintile: 1 _____ 2 _____ 3 _____ 4 _____ 5 _____

Child is income eligible for: Head Start (Quintile 1 or 2) _____ GSRP (Quintile 3, 4, or 5) _____

Head Start Referral was sent to _____ on _____
(Agency) (Date)

Paperwork completed by: _____
Name Signature Date

I verify that this child has met the required criteria to be enrolled in GSRP:

Director or Designee _____
Name Signature Date