



## Head Start Program Verification of Eligibility

The Head Start Agency listed below certifies that the following Head Start/Early Head Start (HS/EHS) recipient(s) meets the HS/EHS income eligibility requirements.

Instructions: Please complete this form only for those individuals who have completed the HS/EHS income screening process and qualify under its income guidelines (101% and/or 130% of Federal Poverty Guidelines). Those individuals will be considered income eligible for WIC. This form is only valid for 1 year after signature by HS/EHS Agency.

### HS/EHS Agency

Staff Name & Title \_\_\_\_\_

Agency Name \_\_\_\_\_

Phone contact \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Parent/Guardian

First & Last Name \_\_\_\_\_

### Participant 1

First & Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

*Date Certified for HS/EHS* \_\_\_\_\_

### Participant 2

First & Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

*Date Certified for HS/EHS* \_\_\_\_\_

### Participant 3

First & Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

*Date Certified for HS/EHS* \_\_\_\_\_