

# Preschool Expansion Grant Eligibility Verification

1. Child's Name: \_\_\_\_\_

2. Child's date of birth: \_\_\_\_\_

3. This child is eligible to participate in the program:  Yes  No

4. Check the application category of eligibility for this child:

- |  |   |
|--|---|
| <input type="checkbox"/> SSI                                   | <input type="checkbox"/> Free/Reduced Meals |
| <input type="checkbox"/> Homeless                              | <input type="checkbox"/> Military Family    |
| <input type="checkbox"/> Foster Care                           |   |
| <input type="checkbox"/> Public Assistance (TANF/WFJ or other) |   |
| <input type="checkbox"/> None of the above                     |   |

5. What documentation was used to determine eligibility:

- |  |   |
|--|---|
| <input type="checkbox"/> Income Tax Form 1040 (current or previous year) |   |
| <input type="checkbox"/> Written statement from employer                 |   |
| <input type="checkbox"/> W-2   | <input type="checkbox"/> SSI documentation              |
| <input type="checkbox"/> TANF/WFJ documentation                          | <input type="checkbox"/> Free/Reduced Meals application |
| <input type="checkbox"/> Pay Stubs                                       | <input type="checkbox"/> If other, Please explain:      |
| <input type="checkbox"/> Unemployment documentation                      | _____   |

Documentation of no income: \_\_\_\_\_

Staff name: \_\_\_\_\_

Date of eligibility verification: \_\_\_\_\_

Staff signature: \_\_\_\_\_

Title: \_\_\_\_\_