Criteria Point Sheet

York County VIRGINIA
Children & Family Services

Eligibility Questions:	Possible Answers	Points (circle)
Child/Family Homeless at the time of application	☐ Yes ☐ No	350
Child is in Foster Care or Kinship Care	☐ Yes ☐ No	325
Family Income is between 0-100% Federal Poverty Guidelines	☐ Yes ☐ No	300
Child has a documented disability with an IEP/IFSP	☐ Yes ☐ No	150
Family Income is between 101%-130% Federal Poverty Guidelines	☐ Yes ☐ No	50
Child receives TANF or Child/ Family member receives SSI	☐ Yes ☐ No	200
Child referred from York County Public Schools Division or outside agency	☐ Yes ☐ No	30
Child who is four years old by Sept. 30 of the school year	☐ Yes ☐ No	75
Child who is four years old by December 31st of School Year	☐ Yes ☐ No	25
Child transitioning from Early Head Start	☐ Yes ☐ No	30
Prior Head Start Family	☐ Yes ☐ No	30
One Parent Household	☐ Yes ☐ No	20
Child with an unemployed/seasonally employed parent	☐ Yes ☐ No	20
Child whose parent has no high school diploma or GED	☐ Yes ☐ No	25
Child parented by other (non-parent)	☐ Yes ☐ No	25
Child whose parent(s) serves in the military active/reserves/retired	☐ Yes ☐ No	20
Child living in home with current/past domestic violence, abuse or neglect	☐ Yes ☐ No	25
Child whose parent(s)/immediate family member has a documented disability	☐ Yes ☐ No	20
Child whose parent(s) is deceased or incarcerated	☐ Yes ☐ No	20
Child has a serious health/medical condition or documented disability (Child does not have an IEP/IFSP)	☐ Yes ☐ No	25
Child has no medical home or medical insurance	☐ Yes ☐ No	10
Housing Concerns (Home needs repairs, overcrowded, lack of heat etc.)	☐ Yes ☐ No	10
Child or Siblings have been removed from the home by social services	☐ Yes ☐ No	10
Parent(s) under 18 yrs. old at the time of child's birth	☐ Yes ☐ No	10
Parental Substance Abuse History	☐ Yes ☐ No	10
Parent(s) currently enrolled in school or technical program	☐ Yes ☐ No	10
Child or Family member(s) in counseling or therapy	☐ Yes ☐ No	10
Parent(s)/Child language barrier	☐ Yes ☐ No	10
Child/Family needs Nutrition Assistance	☐ Yes ☐ No	10
Parent had a decrease in work hours due to a pandemic/epidemic	☐ Yes ☐ No	20

Family had a loss of employment due to a pandemic/epidemic	☐ Yes ☐ No	20
Family/household members have medical conditions impacted or worsened due to a pandemic/epidemic	☐ Yes ☐ No	20
Family had loss in childcare due to a pandemic/epidemic	☐ Yes ☐ No	20
Family faced hardships paying household expenses (light bill, rent, food, etc.) due to a pandemic/epidemic	☐ Yes ☐ No	20
	Total Points:	