

Criteria Point Sheet



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