

**WAYNE COUNTY HEAD START  
Selection Criteria 2009-2010**

This selection criteria has been approved by Wayne County Head Start for use within all Delegate Agencies. Families will be selected into Head Start based on the priority points assigned. Complete criteria for all applicants. Complete Full Day Selection Criteria for those applicants requesting a Full Day slot. Circle the number of points assigned and total each section separately.

Date \_\_\_\_\_ Child's Name \_\_\_\_\_ Income (last 12 months) \_\_\_\_\_ # in Family \_\_\_\_\_

Site \_\_\_\_\_ Age by Dec 1: 3 Years Old \_\_\_\_\_ 4 Years Old \_\_\_\_\_

Points	General Selection Criteria (Circle points of all criteria that applies)
50	Child with certified disability or Head Start IEP/IFSP
25	Child suspected of a disability (documentation from a physician, or screening results)
25	Foster Child
25	-Homelessness, Eviction -Relocating from a temporary shelter or a domestic shelter within the last 12 months -Fire or displacement by war or victims of a natural disaster within last 12 months
20	- <b>Child with:</b> serious health problems such as indicated in Child History or through screening -Severe allergies (peanuts, dairy, wheat, latex, bee stings, other) - Frequent in patient hospitalizations (more than 2 per year) within last 12 months -Chronic Disease (cancer, active sickle cell, severe asthma, or other physician documentation)
15	Special family problems within the last 12 months -Child abuse and neglect -Family Violence -Substance Abuse -Involved in the criminal justice system within the last 12 months
15	-Child whose parent(s) has Frequent in patient hospitalizations (more than 2 per year) within last 12 months -Living with a family member who has a disability, serious mental or physical illness, chronic or terminal illness which affects the quality of the child's life
15	-Single Parent -Child living with grandparent or other relatives -Teen parent Parent in active military duty
15	Life changing circumstances - (i.e. divorce, death of a family member, separation, loss of employment)
10	Family without medical or dental insurance
5	Children whose parent(s) have literacy difficulties, have not completed high school, received a high school diploma and/or have not received GED, Non-English speaking or limited English
5	Returning families or children transitioning from Early Head Start
5	Family receiving services from another social services agency
5	Children whose files are complete at the time of selection
5	-Nutritionally at risk (refer to Nutrition Service Report)
5	Family who is Head Start income eligible
3	Over Income – 1%-25% over poverty guidelines
2	Over Income – 26%-50% over poverty guidelines (Per Reauthorization Act)
1	Over Income – 50% and over poverty Guidelines
	<b>Total General Selection Criteria Points</b>

- 35% of children served by a Grantee may have family incomes between 100% and 130% of poverty if the Grantee can show that children with family incomes below 100% of poverty already fully served.

Selected \_\_\_\_\_ Waiting List \_\_\_\_\_ Denied \_\_\_\_\_ Reason \_\_\_\_\_

Policy Committee Chairperson Signature \_\_\_\_\_ Date: \_\_\_\_\_

**FULL DAY SELECTION CRITERIA**

. Complete Full Day Selection Criteria for those applicants requesting a Full Day slot. Circle the number of points assigned. Full Day slots are open to families where parents are working or in school.

Full Time Work – 30 hrs per week  
 Part Time Work – 20 hrs per week  
 Full Time School – 12+ credit hrs per semester  
 Part Time School – 6 credit hrs per semester

<b>Full Day Criteria (Only those applying for Full Day Slots)</b>	
30	Participation in Work First Program
25	Single parent working and in school full time
20	Single parent working/in school part time
15	Both parents working / in school full time
10	Both parents working /in school (1 full time/1 part time)
5	Both parents working/in school part time
	<b>TOTAL FULL DAY POINTS</b>
	<b>Total Full Day Selection Criteria Points</b>
	<b>Total General Selection Criteria Points</b>
	<i>Combined Total of General Selection and Full Day Selection Points</i>

Selected \_\_\_\_\_ Waiting List \_\_\_\_\_ Denied \_\_\_\_\_ Reason \_\_\_\_\_

Policy Committee Chairperson Signature \_\_\_\_\_ Date: \_\_\_\_\_