

Over Income Request Form

Date of Request:			
Contact Person Regarding Request Submitted:		Name:	
Fax:	Phone:	Email:	

Section 1 – Delegate Agency / Site Information

Agency:		Site/Partner Name:	
Address:			Zip:
Enrolling Program Type:	HS <input type="checkbox"/> EHS <input type="checkbox"/> EHS-CCP <input type="checkbox"/>		

Section 2 – Primary Caregiver (Parent/Guardian) Information

Primary Caregiver ID Number:		Date of Birth	
First/Last Name:			
Address:			
City/State:		Zip Code:	

Section 3 – Information on Enrolled Children Only

Enrolling Child ID #:	Last:	First:	DOB:
Start Date:	Receive TANF/SSI? Y <input type="checkbox"/> N <input type="checkbox"/>	COPA Eligibility Points From Waiting List:	
Is this a foster care child?		Y <input type="checkbox"/> N <input type="checkbox"/>	

Section 4 – Family Income

Family size – The definition of “family” to be used in determining eligibility is found in 45CFR 1305.2(e), which defines family as all persons living in the same household who are: 1. Supported by the income of the parent(s) or guardian(s) of the child enrolling or participating in the program, and 2. Related to the parent(s) or guardian(s) by blood, marriage or adoption.

A. Gross Employment Income	\$	E. Other Federal Cash Income	\$
B. Monthly Child Support	\$	F. Other Monthly Income	\$
C. TANF cash assistant grant	\$	G. Monthly Total A-F	\$
D. Supplemental Security Income	\$	H. Annual Income	\$
Number in Family:			

<input type="checkbox"/>	I, _____, verify that the documents related to age and income eligibility have been provided by the Applicant (Parent/Guardian), were examined at the time of the child’s enrollment, and the child (ren) is eligible for Head Start.
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* Submit the completed form with your help desk ticket.

