	This Section for Agency Use Only:
Applicant Name:	Birthday

Applicant Eligibility & Enrollment Information

Eligibility							
Program Term	Agency	Initial Sta	Initial Status			Status Date	
			□ New	☐ Accepted	□ Waitlisted	I	
Releases Signed	Date Signed		Child wil	I transition to			
□ Yes □ No							
Location Preference Priority	Site		Classroom			Funding	
1st							
2nd							
3rd							
Enrollment Notes							
Application Date	Application Status				Application	on Number	Participation Year
	☐ Complete & Verifie☐ Incomplete	ied ☐ Incomplete, info ☐ Other - specify					
Eligibility Date	Number in Fam	nily El	igibility Inc	come			
CACFP Date	CACFP Income Per		er (for exar	mple, year, month, o	other)	CACFP Status	
			□ Free (full reimbursement)□ Paid (minimum reimbursement)□ Reduced price (reduced reimbursement)				
Child eligible to participate in program	Type of eligibility interview	Income S	tatus	Documentation		used to determine eligibility	
□ Yes □ No		☐ Over Income ☐ Public Assista ☐ Eligible (Belo ☐ Foster child ☐ Homeless	ance	☐ Income Tax Form 1040 ☐ W-2 ☐ TANF Documentation ☐ Pay stub or pay envelopes		☐ Unemployment ☐ Written statements from employers ☐ Foster care reimbursement ☐ SSI Documentation ☐ Other	
Documentation of No Income							

Eligibility Criteria

To set up your program's eligibility criteria on this form: Type or print each of the program's eligibility questions in the spaces provided below. Then, for each question, list each of the possible answers (along with their corresponding point values). **To complete this form:** Circle the applicable answer and print the number of eligibility points it represents in the Points column. We've included the following example to help you get started.

Disability?	Diagnosed (50 pts), Suspected (25 pts), None (0 pts)	25

Eligibility Question	Possible Answers	Points