

Most In Need Form

Sub-grantees can choose to use this form as a supplemental tool to the required Child/Family Application.

Families must be verified to meet income- and age-requirements to be eligible for funded slots.

GRANT SLOT SELECTION CRITERIA

Child's Name: _____

Date of Birth: _____

Age: _____ Gender: M F Other _____

1) Slot Eligibility (no points; must meet eligibility criteria to receive slot):

- Age Eligible for Slot Allocated (Infant, Toddler, Preschooler)
- Income Eligible (300% of the FPL or below)

2) Automatic Selection: Enter 1 point for any eligible criteria.

- TANF/ DES
- Enrolled Foster Child
- Homeless/ McKinney Vento
- Eligible Child on IEP

3) Priorities: Enter 1 point for any eligible criteria.

- Single Parent Household
- Grandparents with Legal Custody
- Teen Parent of Child being Enrolled (age 19 or younger at time of birth)
- Parent Enrolled in School (GED, certification, Associate degree, or Bachelor degree)
- Serious Medical Problem with Doctor Certification
- Rehab Program (verified, drugs, alcohol)
- Domestic Violence
- Parent Currently Incarcerated (at time of intake)
- Department of Child Safety (DCS) Involvement
- Active Military Family
- Widowed Parent
- Any Immediate Family Member with Certified Disability
- Child Attended Program Last School Year

Total Points:

Form Completed By: _____

Date/Time: _____