



Child's Name: _____ Child's Date of Birth (DOB): _____
(First) (Middle) (Last)

Document(s) used to determine the child's age:

- Birth Certificate
- Health insurance card (printed with DOB)
- Proof of birth/hospital record
- Immunization record (official copy from doctor with DOB)
- Permanent Resident Card
- Visa/passport

Eligibility Category: (mark either *Income Eligibility* OR *Categorical Eligibility*, and the corresponding type)

- Income Eligibility
 - Below federal poverty guidelines (100%)
 - SSI
 - TANF
 - Over income
 - 100%-130%
 - >130%
- Categorical Eligibility
 - Homeless
 - Foster Care

Document(s) used to determine the category of eligibility: (mark all that apply)

- Income Tax Form 1040
- Written statement from employer
- W-2
- Foster care reimbursement
- TANF documentation
- Foster care placement documents
- Pay stubs
- SSI documentation
- Unemployment compensation
- Family Declaration (see attached form)
- Child support documentation
- Third Party Declaration (see attached form)

When the information was collected determining the child's eligibility for the program, was it conducted in a face to face interview with the guardian? Yes OR No If no, specify the reason:

By signing below as the child's guardian, I certify that the information I provided on this form is a truthful and accurate account of my family. The enrollment and services for my child and family may be terminated if any information I have provided is found to be fraudulent.

Parent/guardian name (printed): _____

Parent/guardian signature: _____ Date: _____

Relationship to child: _____ Family Size: _____

The signature below certifies that I, as an employee of Directions for Youth and Families, have collected verification documentation and made reasonable efforts to verify accuracy. To the best of my knowledge, this information is truthful and accurate as provided by the parent/guardian during the enrollment process.

Staff name (printed): _____ Title: _____

Staff signature: _____ Date: _____

