

Gateway Head Start At-Risk Verification Form

2020 – 2021

DIRECTIONS: *If your child will be three (3) or four (4) years old by August 1, 2020, please complete this form and either mail it to the address below or drop it off at your nearest Head Start center.*

1. Parent/Guardian first and Last Name: _____
2. Home telephone number: (____) _____
3. Work telephone number: (____) _____
4. Mailing address: _____
5. Child's first and last name: _____
6. Child's date of birth: _____
7. Please circle the one that applies: **natural parent** **foster parent**
kinship care **other** _____
8. Does your family receive food stamps? Yes ___ No ___
9. Does your family receive K-Tap? Yes ___ No ___
10. Do you receive Temporary assistance for Needy Families (TANF) Yes ___ No ___
11. Does anyone in your home receive Supplemental Security Income (SSI)? Yes ___ No ___
12. Are you sharing a house with others due to economic hardship? Yes ___ No ___

Name of Parents(s)/Guardian(s) Please circle "Y" if the parent/guardian resides in the home with the child and circle "N" if they do not	Gross Monthly Income	Monthly Welfare Payments, Child Support, Alimony	Monthly Payments from Pensions, Retirements, Social Security	Any Other Monthly Income
_____ Last First Y N	_____	_____	_____	_____
_____ Last First Y N	_____	_____	_____	_____

Please list all other people living in your home:

Name	Date of Birth	Relationship to parent/guardian
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

By signing below, you certify that the above information is accurate and all income has been reported. You understand that this information will be used to determine eligibility for Head Start/Preschool and before acceptance into either program you must complete additional paperwork and present proof of income that satisfies specific program requirements.

Signature of Parent/Guardian

Date

Please circle county that your child will attend:
Bath, Bracken, Fleming, Lewis, Mason, Menfee, Montgomery, Morgan, Robertson, Rowan

**MAIL TO GATEWAY COMMUNITY ACTION HEAD START
PO BOX 367 WEST LIBERTY KY, 41472**