



GSRP Eligibility Form



Child's Name: _____

DOB: _____

STATE GUIDELINE FACTORS		YES	NO	DOCUMENTATION (please specify)
1	Low Family Income			
	Is the family Head Start income eligible?			
	Is the family GSRP income eligible?			
2	Diagnosed Disability or Identified Delay			
	a. Special Education/IEP			
	b. Developmental delay			
	c. Chronic health issue			
3	Severe or Challenging Behavior			
	a. Child has been expelled from preschool			
	b. Social Services or professional letter			
4	Primary Home Language (Other than English)			
	a. Is a language other than English spoken in the home?			
	b. Is English the child's first language?			
5	Parent/Guardian with Low Educational Attainment: (Did not graduate High School)			
6	Abuse/Neglect of Child or Parent			
	a. Domestic, sexual, or physical abuse			
	b. Substance abuse(drugs, alcohol, etc) by a family member or in the home.			
7	Environmental Risk			
	a. Parental loss/absence			
	b. Sibling issues(chronic illness, behavior, disability, death)			
	c. Teen parent (not yet age 20 at birth of first child)			
	d. Housing stability(homeless, foreclosure, frequent moves)			
	e. Residence in high-risk neighborhood(poverty, crime, crowded housing)			
	f. Prenatal/postnatal exposure to toxic substances.			

Please explain any other factors that may cause learning or school adjustment problems for this child:

I certify that all the above information is true and correct and that all income is reported. I understand that this information is being collected to determine eligibility for the state-funded Great Start Readiness Program.

Parent/Guardian Signature: _____

Interviewer Signature: _____

Date: _____