

DHS Receptionist copy/fax/scan to CRC 541-938-6426

DHS/Head Start Contract Eligibility Check List
2011 - 2012

revised 06/11

Head Start Program: UMCHS DHS Branch Office: _____
Contact name: Starla Halverson Contact name: Lolly Solis Torres
Center Name: _____ Case Manager: _____
Family Advocate: _____
Phone: 541.564.6878 Fax: 541.564.6879 Phone or Fax# (circle one): _____
revised 6/08

(HS completes) Reason for request: Eligibility for immediate slot

* Parent's name: _____ *SSN: _____ *Total Work Hrs _____
(or DHS case number)

* Parent's name: _____ *SSN: _____ *Total Work Hrs _____

* HS/EHS Child's Name: _____ * SSN: _____ Date of Birth _____
Special Needs? Yes No Race _____ Male _____ Female _____

* HS/EHS Child's Name: _____ * SSN: _____ Date of Birth _____
Special Needs? Yes No Race _____ Male _____ Female _____

* HS/EHS Child's Name: _____ * SSN: _____ Date of Birth _____
Special Needs? Yes No Race _____ Male _____ Female _____

Other sibling's name: _____ SSN: _____ Special Needs? Yes No

Head Start Staff Signature _____ Date: _____

(DHS Completes)

Client currently on ERDC: YES (App or reapp processed in current or prior month)
(see back) NO (not currently open or App/reapp not in current month)
 Application Pending (see comments or attached)
 Application Denied - Reason _____

If YES, APR dates: _____ (if needed, change so last APR ends in August)
Date minimum copay starts: _____ Client's UCMS Case# _____

Family Size _____ UCMS coding completed: YES NO (see comments)

If NO, Pending, or Denied, client must contact DHS office.

DHS approval of client for contract: YES: Effective date: _____ for contract
NO: (not appropriate for contract)

Comments: _____

DHS Staff Signature _____ Date: _____

Please attach Head Start Eligibility TRACS narrative.

Completed copy sent to CRC within 10 days of date stamp

The DHS/Head Start Contract Eligibility Check List is used by both Head Start and DHS staff to document contract slot requests, approvals, and denials. This form provides a standard communication system between DHS and Head Start regarding filling contracted slots.

Submission of this form to DHS indicates Head Start has approved the child for enrollment into the Head Start program and is requesting approval from DHS for placement in a contracted slot.

Instructions:

1. All * items are required to be completed for identification of the specific family and child enrolled with Head Start.
2. Eligibility must be determined in the current or prior month before a child is approved for a contracted slot.

Client must have a child care need due to employment (students are not eligible).
Family income must be less than income standard for ERDC.
Family copay (based on income) must be less than the DHS payment rate
3. SSN is required for the parent and child enrolled (or to be enrolled) in Head Start and the contract. If parent SSN not known, can substitute the DHS case number.
4. SNR = Special Needs Rate (the child is eligible for the special needs rate).
5. APR date = Certification of Eligibility period (the client's eligibility for ERDC is reviewed)
6. Coding = computer codes used by DHS to enter the child into the contracted slot
7. Siblings being considered for a future slot placement must have a new request at the time of placement. Family will need to have a review for eligibility, if last determination was made before the current or prior month.
8. Appropriate for contract is defined as (work hours are during Head Start operational hours, work hours are full time, family will benefit from Head Start program services, family is willing to be case managed, family is able to transport children to Head Start, etc.)
8. Narration of approval for contract must be made in TRACs by DHS staff. Narration must include effective date, work hours, total income, regular copay, name of child approved, start date of eligibility and the date the application was processed.