

Income Eligibility Data Collection Form

Program Name: _____ **Review Date:** _____

Reviewer Name: _____ **Grant Number:** _____

Actual Enrollment: _____ **Number of PRISM Focus Children:** _____

A File Number	B Program has enrolled the child as an income eligible child (Y or N)	C Reviewer finds a signed statement in folder identifying that eligibility has been verified (Y or N)	D Reviewer finds in folder documentation used by the program for determining eligibility (Y or N)	E Reviewer supports grantee's determination of income eligibility (Y or N)
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A	B	C	D	E
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