Selection

Community/Center: _____ HS ____ EHS ____ Low Income _____ Over Income _____

Child's Name	Parent's Name	Parent's address, both physical & mailing (PO Box)	Phone # (H, W, M)	(H-home; W-work; M-message	Family Number	Size of family	Income	Age	Birthdate	Unemployed(no one in home working)	Single Parent (20 yr. or older)	Teen Parent(s) (19 yr or less)	No GED/HS Diploma	Homeless	Housing Issues	Socially/Culturally Isolated Family (see definition)	Out of Home Placement(**Foster Care**/Relative/NPHG)	Mental Health Issues	Domestic Violence Issues	Substance Use/Abuse	Tobacco Use	History of Child Abuse/Neglect	No Health Insurance (Adults Only) or No Health Insurance ~~(no one in family insured)~~	Probation	Incarceration	Chronic Health Issues	Documented by LEA	Special Needs Documented by a qualified professional **	**Age 4** - 4 Points **Age 3** - 2 Points **Age 19-35 months** - 2 points **Age 0-18 months** - 4 points	Points from Income Grid (CE=1)	Total Points
										2	2	3	2	3	1	1	4	3	3	3	1	3	1/2	3	3	3	3	3	4/2-2/4		

* Select one: must be letter(s) of referral other than the letter documenting the disability/special need
** Specialist related to the area of concern/special need