



# GSRP Eligibility Form



Child's Name: \_\_\_\_\_

DOB: \_\_\_\_\_

STATE GUIDELINE FACTORS		YES	NO	DOCUMENTATION (please specify)
<b>1</b>	<b>Low Family Income</b>			
	Is the family Head Start income eligible?			
	Is the family GSRP income eligible?			
<b>2</b>	<b>Diagnosed Disability or Identified Delay</b>			
	a. Special Education/IEP			
	b. Developmental delay			
	c. Chronic health issue			
<b>3</b>	<b>Severe or Challenging Behavior</b>			
	a. Child has been expelled from preschool			
	b. Social Services or professional letter			
<b>4</b>	<b>Primary Home Language (Other than English)</b>			
	a. Is a language other than English spoken in the home?			
	b. Is English the child's first language?			
<b>5</b>	<b>Parent/Guardian with Low Educational Attainment: (Did not graduate High School)</b>			
<b>6</b>	<b>Abuse/Neglect of Child or Parent</b>			
	a. Domestic, sexual, or physical abuse			
	b. Substance abuse (drugs, alcohol, etc.) by a family member or in the home.			
<b>7</b>	<b>Environmental Risk</b>			
	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:**

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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: \_\_\_\_\_