



Income from Public Assistance

Date Submitted _____/_____/_____

Child's Name _____

Parent(s) Name _____

To: _____ Department of Social Services

I, _____, do hereby authorize and request you to release the following information to Kids Central, Inc. in order that my child might be considered for acceptance in the Head Start program.

- 1. Income for _____ (year) \$_____ or
- 2. Income for last twelve months \$_____
- 3. **Is the family presently receiving TANF?**
 Yes No
 If yes, _____ monthly amount
- 4. Is the family receiving Food Stamps? Yes No
 If so, how much? \$_____/month
- 5. Is the family eligible for Medicaid/FAMIS? Yes No
- 6. **Is the family receiving SSI?** Yes No

Parent/Guardian Signature

DSS Staff Signature

_____/_____/_____
Date

_____/_____/_____
Date

Families receiving either TANF or SSI are categorically eligible for Head Start or Early Head Start services.