FAMILY ELIGIBILITY DETERMINATION FORM

Please have the person referring the child for services complete this form in compliance with SC First Steps FY18 Program Standards: *Targeting Clients At-Risk of Early School Failure At least 60% of Countdown to Kindergarten (CTK) clients shall be identified on the basis of two or more of the readiness risk factors below. 100% of clients must possess at least one of the following risk factors*

DATE: _____ **COUNTY NAME:** _____

CHILD'S NAME: _____
LAST NAME FIRST NAME MIDDLE NAME

Please indicate any risk factors associated with the student and/or family. Check all that apply:

- ☐ Family is eligible for one or more of the following programs:
  - ☐ TANF (income 50% or below Federal Poverty Level)
  - ☐ SNAP, i.e. food stamps (income 130% or below Federal Poverty Level)
  - ☐ Free or reduced school lunch (income 185% or below Federal Poverty Level)
- ☐ Prior eligibility for BabyNet IDEA Part C services (ages 0-3) or current eligibility for IDEA Part B services received through the child's school district and/or the Disabilities and Special Needs Board. Please identify the disability or developmental delay that qualified or qualifies the child for IDEA Part C or B:

  _____
- ☐ Child has been abused or received a referral for abuse
- ☐ Child has been neglected or received a referral for neglect
- ☐ Child is in or has been placed in foster care
- ☐ Child has had a teenage custodial parent (birth-present)
- ☐ Child has a custodial parent with education less than a high school diploma
- ☐ Child has been exposed to substance abuse by a parent or caregiver
- ☐ Child has been exposed to mental illness of a parent or caregiver
- ☐ Child has been exposed to intellectual disability of a parent or caregiver
- ☐ Child has been exposed to domestic violence within the home
- ☐ Child had a low birth weight (under 5.5 lbs) in association with serious medication complications
- ☐ Child has had a documental developmental delay
- ☐ Child has an older sibling retained in or before the 3rd grade
- ☐ Single parent household
- ☐ History of transiency (numerous family relocations) and/or homelessness
- ☐ Child has been recommended for service on the basis of significant social/emotional and/or behavioral difficulties – or those of an older sibling

The following factors may be considered in combination with one or more of the risk factors listed above but may not be used to determine eligibility in isolation. Please check all that apply:

- ☐ Child has never been participated in a full-time preschool program outside of the home
- ☐ Student is the oldest child in the family (that is, this is the first opportunity for the family to be involved with their child(ren)'s school
- ☐ English is not the primary language spoken in the home

NAME/POSITION OF PERSON COMPLETING THIS FORM:

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