Most In Need Form

Sub-grantees can choose to use this form as a supplemental tool to the required Child/Family Application.
Families must be verified to meet income- and age-requirements to be eligible for funded slots.

GRANT SLOT SELECTION CRITERIA

Child's Name: _____

Date of Birth: _____

Age: _____ Gender: M ☐ F ☐ Other _____

1) **Slot Eligibility (no points; must meet eligibility criteria to receive slot):**

☐ Age Eligible for Slot Allocated (Infant, Toddler, Preschooler)

☐ Income Eligible (300% of the FPL or below)

2) **Automatic Selection:** Enter 1 point for any eligible criteria.

☐ TANF/ DES

☐ Enrolled Foster Child

☐ Homeless/ McKinney Vento Eligible

☐ Child on IEP **(Must also meet age and income eligibility)**

3) **Priorities:** Enter 1 point for any eligible criteria.

☐ Single Parent Household

☐ Grandparents with Legal Custody

☐ Teen Parent of Child being Enrolled (age 19 or younger at time of birth)

Parent Enrolled in School (GED, certification, Associate degree, or Bachelor degree)

Serious Medical Problem with Doctor Certification

☐ Rehab Program (verified, drugs, alcohol)

☐ Domestic Violence

☐ Parent Currently Incarcerated (at time of intake)

☐ Department of Child Safety (DCS) Involvement

☐ Active Military Family

☐ Widowed Parent

☐ Any Immediate Family Member with Certified Disability

Child Attended Program Last School Year

Total Points: ☐

Form Completed By: _____

Date/Time: _____

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EDUCATION