

Prevention Initiative SAMPLE Weighted Eligibility Form

Instructions for developing an eligibility form.

This is a sample form. Each program will develop its own weighted eligibility form. The weighted eligibility form will be completed after the information is obtained from the parent interview form. Other information may be used, including but not limited to, documentation verifying the income of the family, information gleaned from the child screening instrument (if applicable), as well as the referring entity (if applicable). Income verification must be completed no sooner than six months before a child/family is enrolled in the program. Income and eligibility documentation should be retained in a child's file with a copy of this form.

Programs must be designed to support children and families who could benefit the most from community resources. Education and case management services will serve those children and families most in need in the community as determined by those having the most points on the weighted criteria form. Each program will develop weighted criteria based upon the [Prevention Initiative Compliance Checklist](#), risk factors present in the community, and those factors identified by research as causing children and families to be at risk. The program must hold or participate in community wide screenings.

Programs will utilize the individualized weighted criteria system for (a) Enrolling families identified as having most points as determined by the weighted criteria form, (b) Ensuring families with the most points as determined by the weighted criteria form are prioritized on a waiting list (if applicable).

After a child/family is enrolled in the program, the child/family must be allowed the opportunity to continue services for the duration of the program (until the child reaches the age of 3 years). The family may voluntarily leave the program at any time. **Screening for eligibility and this form are only completed one time for each child.**

Child's Full Name: _____ Birth Date: _____ Age: _____

Primary caregiver's name: _____ Relationship to child: _____

Other caregiver's name: _____ Relationship to child: _____

Family's annual household income \$ _____ Number of persons in Family/Household _____
(Note: Family income does not have to be determined if poverty status has been established by proof of receipt of public benefits; however, programs may still wish to collect this information to better understand the families they are serving.) For more information: [Proof of Family Income Frequently Asked Questions \(FAQ\)](#)

Method of Verification: (Mark all that apply.)

Public benefits:

- WIC (185% FPL) Medicaid Card (138% FPL, must be in parent(s)' name) SNAP (130% FPL)
 TANF (50% FPL) CCAP (225%)

Proof of Income (required only if no proof of public benefits above):

- Paystubs SSI Other form of income verification: _____
(Please attach any documents that support verification.)

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2025 Federal Poverty Guidelines

Source: HHS Poverty Guidelines for 2025: <https://aspe.hhs.gov/poverty-guidelines>

The 2024 poverty guidelines are in effect as of January 17, 2024.

Persons in Family/Household	50% of Federal Poverty Level	100% Federal Poverty Level	200% Federal Poverty Level
1	\$7,825	\$15,650	\$31,300
2	\$10,575	\$21,150	\$42,300
3	\$13,325	\$26,650	\$53,300
4	\$16,075	\$32,150	\$64,300
5	\$18,825	\$37,650	\$75,300
6	\$21,575	\$43,150	\$86,300
7	\$24,325	\$48,650	\$97,300
8	\$27,075	\$54,150	\$108,300

For families/households with more than 8 persons, add \$5,500 for each additional person.

The following are highest priority selection factors (100 points each):

(If selection factors (Numbers 1-4) are indicated, the family is to be considered the highest priority and be directly enrolled into the Prevention Initiative program or placed at the top of the waiting list.)

1. _____ (50) Child/Family experiencing homelessness ([McKinney-Vento Homeless Education Assistance Act](#))
2. _____ (50) Youth in Care - Current or recent child welfare involvement (Ward of the State, child in foster care, intact family services, TPSN)
3. _____ (50) Child enrolled in Early Intervention (EI) or the child has been identified through implementation of a research-based child developmental screening tool as having a potential developmental delay
4. _____ (50) Family income at or below 50% FPL and/or receiving TANF
5. _____ (50) Parent or caregiver primarily speaks a language other than English at home.

The following are other priority selection factors (25 points each):

6. _____ (25) Family income at or below 100% FPL
7. _____ (25) Primary caregiver did not complete high school/No GED
8. _____ (25) Child was born outside of the United States or has one or more parents/caregivers born outside of the United States
9. _____ (25) Child has siblings in early intervention or Special Education
10. _____ (25) Active-Duty Military family
11. _____ (25) Parent is currently age 21 years or younger
12. _____ (25) Member of the household has a history of low student achievement
13. _____ (25) History of child abuse or neglect
14. _____ (25) History of domestic violence
15. _____ (25) Member of household has a history of substance abuse or needs substance abuse treatment
16. _____ (25) Member of household uses tobacco products in the home
17. _____ (25) Member of household experiencing chronic or terminal illness
18. _____ (25) Parent/Caregiver or other member of household has a developmental delay or disability
19. _____ (25) Member of household is experiencing a mental illness, including depression or TPSD
20. _____ (25) Death in immediate family (parent, child, sibling)
21. _____ (25) Caregiver other than parent raising child

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22. ____ (25) Child experienced low birth weight/failure to thrive or child who experienced extreme prematurity or a prolonged stay in the Neonatal Intensive Care Unit (if under 4 months of years)
23. ____ (25) Parent/Caregiver incarcerated or history of chronic incarceration
24. ____ (25) Child/Family experienced high mobility or transience (including migrant populations)
25. ____ (25) Child experiencing or experienced trauma - Explain: _____
26. ____ (25) Prenatal developmental delay or diagnosis detected (if women is pregnant at screening)
27. ____ (25) Child experiencing high lead levels
28. ____ (25) Geriatric pregnancy (pregnant woman age 40 years or over)
29. ____ (25) Program specific (This space is provided for programs to add community risk factors.)
30. ____ (25) Program specific (This space is provided for programs to add community risk factors.)

The following are other priority selection factors (10 points each):

31. ____ (10) Receiving services from another agency - Explain _____
32. ____ (10) Child/Family is socially or geographically isolated
33. ____ (10) Teen parent at birth of first child
34. ____ (10) Child experiencing one delay on screening tool
35. ____ (10) Parent/Caregiver is single parent
36. ____ (10) Child/Family experiencing poverty (200% FPL)
37. ____ (10) Other Health Issue - Explain: _____
38. ____ (10) Program specific (This space is provided for programs to add community risk factors.)
39. ____ (10) Program specific (This space is provided for programs to add community risk factors.)

Total points: _____

Minimum score to be enrolled in the Prevention Initiative program is 50. A screener may assign more points to a risk factor based on personal observation and/or based on the parent interview with a written explanation provided on this form.

Outcome of application process:

- Child enrolled in the Prevention Initiative program: Start Date: _____
- Child placed on the Prevention Initiative program waitlist
- Child not eligible
- Child enrolled in other Birth to Three program: _____
- Child did not enroll in any Birth to Three program
- Unknown

Notes:

I verified the applicant's income eligibility. I have indicated which artifact I used for proof of income above. In addition, I confirm the information on this form reflects the information gathered on the Parent Interview Form.

Staff Signature

Date