



Date Completed: _____

NC Pre-K Program Eligibility Scorecard

Child's Name: _____ D.O.B: _____ Phone: (____) _____
 Address: _____ City: _____ Zip: _____

Eligibility Determination Factors		
1) Will the child be four years of age on or before August 31st of the program year?	___ NO <i>Child is not eligible - STOP</i>	___ YES
2) What is the annual family gross income?	\$ _____	
3) What is the family size? <i>(as defined by NC Pre-K)</i>	1 2 3 4 5 6 7 8 9 10	
4) Is this child homeless? <i>(as defined by McKinney-Vento)</i>	___ NO	___ YES
5) Is this a military family? <i>(as defined by NC Pre-K)</i>	___ NO	___ YES
6) Does the family's countable income fall at or below 75% of the State Median Income (SMI)?	___ NO	___ YES

TABLE A (Additional Risk Factors)		
Check one box for each:	Yes	No
Child has identified educational need(s) and/or current IEP	<input type="checkbox"/>	<input type="checkbox"/>
Child has identified developmental disability	<input type="checkbox"/>	<input type="checkbox"/>
Child has chronic health condition(s)	<input type="checkbox"/>	<input type="checkbox"/>
Child has Limited English Proficiency	<input type="checkbox"/>	<input type="checkbox"/>

TABLE B (TANF/MOE only)	Check one
130% of poverty and below	<input type="checkbox"/>
131 - 185% of poverty	<input type="checkbox"/>
186 - 200% of poverty	<input type="checkbox"/>
201 - 250% of poverty	<input type="checkbox"/>
251 - 300% of poverty	<input type="checkbox"/>
Above 300% of poverty	<input type="checkbox"/>

Child Eligibility Status (check one)	
Eligible	<input type="checkbox"/> Child is four years of age on or before August 31 st of the program year AND has a family income AT OR BELOW 75% of the State Median Income level. <input type="checkbox"/> Child is four years of age on or before August 31 st of the program year with a family income ABOVE 75% of the State Median Income level but has one or more Additional Risk-Factors <i>(as determined in Table A)</i> . <input type="checkbox"/> Child is four years of age on or before August 31 st of the program year AND is from an eligible military family.
Ineligible	<input type="checkbox"/> Child is NOT four years of age on or before August 31 st of the program year. <input type="checkbox"/> Child has a family income ABOVE 75% of the State Median Income level and does NOT have Additional Risk-Factors <i>(as determined in Table A)</i> .

The following information is not used to determine eligibility but will help DCDEE leverage federal funding

Is either parent/guardian/custodian *(Check all that apply)*

<input type="checkbox"/> Employed	<input type="checkbox"/> Seeking employment	<input type="checkbox"/> In post-secondary education
<input type="checkbox"/> In High School or in a GED program	<input type="checkbox"/> In job training	<input type="checkbox"/> Other _____