



MARC Head Start Over-Income Authorization [Form 5030]

Date: _____ Program/Site: _____

Participant's Name: _____ Participant's Date of Birth: _____

Number in Family: _____ Family's Gross Income: \$ _____ Percent Over-Income: _____%

Selection Criteria Points: _____ Partnership Percent Over-Income Enrollment: _____%

Eligibility Determination Information-

Please indicate yes or no to the following:

Does the child have an IEP or IFSP?	yes	no
Does this child have multiple High Social Service Needs?	yes	no
Are there income eligible children currently on the waitlist?	yes	no
Has the program met their required 10% Disabilities Enrollment	yes	no

Please provide a narrative explanation for requesting selection of this over-income child. _____

Signature of Designated Verifying Staff Submitting Request: _____ Date: _____

Return the completed top portion of the form to the ERSEA content lead for Tier 3 programs or Director for Tiers 1 & 2 programs along with a copy of the Eligibility Verification [Form 5000]; supporting Income/Eligibility Documentation; and the Application and Selection Criteria.

In the space below, the ERSEA content lead for Tier 3 programs or Director for Tiers 1 & 2 programs should provide a narrative of the reasons for recommending the approval or denial of this request:

I have reviewed all documentation and submit my recommendations as stated above to the Head Start Director for final determination.

Signature of ERSEA Content Lead (Tier 3) or Director (Tiers 1 & 2): _____ Date: _____

To be completed by the Tier 3 Head Start Director or Grantee ERSEA Lead for Tier 1 & 2 Programs

Has the grantee met their required 10% Disabilities Enrollment	Yes	No
Date Received: _____	Request Approved: _____	Request Denied: _____

Explanation for approval or denial: _____

Head Start Director Signature: _____ Date: _____

Head Start Director Name: _____

To be completed by the MAHS Grantee Head Start Director for requests over 200% of the Federal poverty guidelines

Date Received: _____	Request Approved: _____	Request Denied: _____
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Explanation for approval or denial: _____

Head Start Director Signature: _____ Date: _____

Head Start Director Name: _____