Mid-America Head Start
Income Verification [Form 5020]

Child’s Legal Name: ___________________________ Date: ________________

Instructions: This form is to be completed with parent(s)/guardian(s) that for whatever reasons have no 1040 forms; W-2 forms; check stubs; or lack any type of documentation needed to verify income. Please check all boxes that apply:

□ Lack of Documentation - The parent(s)/guardian(s) has limited or no documentation due to: self-declared income (receipt of cash payments for child support); self-employment/seasonal employment/irregular employment (receipt of cash payments for services provided); financial records having been destroyed/lost; emergency or crisis situation; or other reasons for not having complete current income documentation.

□ Written Statement from Employer – The employer provides in a written statement that parent/guardian is employed by them. The document must provide information needed to determine income. (Ex. 1. Date of Hire; 2. Hours per week/Days of Week Worked; 3. Rate of Pay for Regular time, and/or Overtime, if applicable; 4. Whether this is Seasonal Work, if so, When is the Expected Lay-off Date)

□ Third Party Providers – The parent(s)/guardian(s) declare that they are currently being provided with income or resources from a third party individual(s). (Ex. Teen Parent who is still living with their parent or family members; parent is receiving child support, but not through the State of MO; single parent living with a significant other who is not the child’s biological parent.)

□ No Income - The parent(s)/guardian(s) declares that they had no source of income as defined by Head Start during the previous calendar year or the last twelve months.

□ Current Situation - If neither the last 12 months nor the preceding calendar year accurately represents the family’s current situation, then the Head Start/Early Head Start program must use its judgment in deciding if it seems likely that the current situation more accurately reflects the family’s likely economic status during the period of the child’s enrollment.

A. Parent Statement: [Have parent complete statement and check all boxes that apply]

I, ___________________________ , claim my income or support, comes from

**Forms of Income:** Timeframe for this situation: ___________ to ___________.

☐ Parents/Family/Friends
☐ Seasonal employment/irregular employment
☐ Other (Explain) ___________________________.

Income is equal to an average of $ ___________ per month. Estimated total income from this situation = $ ___________.

**Forms of Support:** Timeframe for this situation: ___________ to ___________. Support is not considered income.

☐ Food
☐ Shelter and/or Utilities
☐ Child Care and/or Medical Expenses
☐ Other (Explain) ___________________________.

I verify that this information is true. If any part is false, my participation in this agency’s programs may be terminated. I also understand that the information in this document will be held in strict confidence within the agency and is accessible to me during normal business hours.

Parent/Guardian (Print Name): ___________________________.

Parent/Guardian Signature: ___________________________ Date: ________________

B. Reference: [When available, please provide a third-party reference who can verify the information as declared above; the reference may be an employer, co-worker, supervisor, caseworker or any other person who can verify your financial situation]

Name: ___________________________  Relationship: ___________________________
Address: ___________________________  Contact Phone No: ___________________________

I hereby give the Mid-America Head Start programs consent to contact the above third-party reference to verify my current status; information regarding my gross annual income; and information regarding any forms of support that I may receive. If it is determined that I, or the third-party reference intentionally provided false information, then the child will no longer be eligible for participation and will be withdrawn from the Head Start program. I also understand that the information in this form will be held in strict confidence within the child's file and is accessible to me during normal business hours.

Parent/Guardian (Print Name): __________________________________________

Parent/Guardian Signature: ___________________________________________  Date: ____________

Below to Be Completed By Head Start Staff - ONLY

Head Start Staff Verification Notes – (Staff must make every effort to conduct a face-to-face interview)

In the space below, please provide any documentation offered by the family and a detailed:

- Summary or list of the income information given to you by the parent(s/guardian(s) during your interview
- Description of the source(s) of family income and how the income was calculated
- Narrative of information provided by third-party references when available
- Explanation of efforts made to verify all eligibility information given by the family

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I have verified to the best of my ability that the information provided by the family is true and reflects their income and eligibility for acceptance into the Head Start/Early Head Start program. (1305.2, Definitions; 1302.12 Age of children and family income eligibility)

Date Reference Contacted: __________________________________________

Head Start Verifying Staff (Print Name): __________________________________________

Head Start Verifying Staff Signature: __________________________________________

Head Start Staff Verification Date: __________________________________________