**Non - Income Supplemental Form**

Instructions: *This form* ***must*** *be completed for any family that meets following criteria:*

* Zero Income - The family declares that they had no source of income as defined by Head Start during the last calendar year or the last twelve months
* No Documentation - The family has no documentation they are homeless or their financial records have been destroyed/lost
* Teen Parent - Teen parents who have no source of income

A. **Family Circumstances** (Interview and document the family situation that created a Zero/ No Income situation or an absence of documentation):

\_\_\_\_\_\_\_\_

B. **Justification** (based upon program procedures is declaration of Zero/ No Income or absence of financial documentation justified for this family)

Yes

No Reason Denied

C. **Estimated Income:** (Estimate the income for families with no documentation)

Income: $

Income Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I verify that the information I have given to the Head Start program is correct and accurately reflects the circumstances outlined on this Verification Form. I understand that any misrepresentation of critical information could result in the denial of services for my child/ children.

Parent/Guardian (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ERSEA Manager Signature: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Date: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**