**Non - Income Supplemental Form**

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

* Zero Income - The family declares that they have no source of income as defined by Head Start during the last calendar year or the last twelve months **or** due to a significant change income. (ex. family is now unemployed)
* 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**