



Head Start Program Verification of Eligibility

The Head Start Agency listed below certifies that the following Head Start/Early Head Start (HS/EHS) recipient(s) meet the HS/EHS income eligibility requirements.

Instructions: Please complete this form only for those individuals who have completed the HS/EHS income screening process and qualify under its income guidelines (101% and/or 130% of Federal Poverty Guidelines). Those individuals will be considered income-eligible for WIC. This form is only valid for 1 year after signature by the HS/EHS Agency.

HS/EHS Agency

Staff Name and Title _____

Agency Name _____

Phone Contact _____

Signature _____ Date _____

Parent/Guardian

First and Last Name _____

Participant 1

First and Last Name _____

Date of Birth _____ *Date Certified for HS/EHS* _____

Participant 2

First and Last Name _____

Date of Birth _____ *Date Certified for HS/EHS* _____

Participant 3

First and Last Name _____

Date of Birth _____ *Date Certified for HS/EHS* _____

To find your nearest local Women, Infants, and Children (WIC), call 1-515-281-6650 or visit <http://hhs.iowa.gov/wic> or www.signupwic.com.