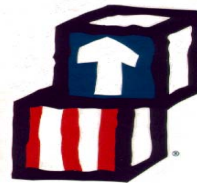




MIAMI DADE COUNTY  
 COMMUNITY ACTION AGENCY  
 HEAD START/EARLY HEAD START



(F)

OVER-INCOME JUSTIFICATION REQUEST FORM

Dear Head Start/Early Head Start Director:

Attached please find the Over-Income Justification Request Form for enrolling an over income family (\_\_\_\_\_)

Child's Name

the Head Start/Early Head Start Program. The family income is \$\_\_\_\_\_ and \$\_\_\_\_\_ over the Federal Poverty Guidelines established for a family of \_\_\_\_\_. Income eligibility is based on reviewing the following documentation\_\_\_\_\_.

**Status:**

- Early Head Start Transition \_\_\_\_\_
- Diagnosed Disability \_\_\_\_\_
- Financial \_\_\_\_\_

\_\_\_\_\_  
 Social Service Staff      Date

\_\_\_\_\_  
 ERSEA Coordinator      Date

\_\_\_\_\_  
 Center Director      Date

\_\_\_\_\_  
 HS/EHS Director's Approval      Date

\_\_\_\_\_  
 Center

\_\_\_\_\_  
 HS/EHS Director's Disapproval Date

- Attachments: \_\_Justification Letter from Parent  
 \_\_Copy of Application  
 \_\_Justification Letter from Staff