



Teenage Parent or Pregnant Teen
Income Declaration Statement

Program Year: _____

Teen Parent's Name: _____ DoB: _____

Child's Name (if born): _____ Due Date (if unborn): _____

Address: _____ City: _____ State: _____

Phone #: _____ Second Phone #: _____

According to the U.S. Department of Health and Human Services Administration for Children and Families, 'For the purposes of determining (EHS) eligibility on family income, the pregnant woman is counted as two members of the household. In the case of an unmarried teenage girl, her own income determines her eligibility regardless of her parent's income'*

Please check the following as applicable:

I attest that I am a teenage parent living with my parents/guardians and that I have no income of my own (0.00) for the determination of Head Start eligibility income.

I attest that I am a teenage parent living with my parents/guardians and that my only income is from my employment (see attached documentation) for the determination of Head Start eligibility income.

I and my child do understand this is an application for services that are paid for with federal funds and intentionally providing misleading, inaccurate or untruthful documentation could result in dismissal of my child from Early Head Start.

Teen's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____
(with whom teen is living)

Staff Signature: _____ Date: _____

Center Director's Signature: _____ Date: _____