



The Family
 Conservancy
 444 Minnesota Avenue, Suite 200, Kansas
 City, KS 66101
 913-342-0110

FEBRUARY 15, 2013-FEBRUARY 1, 2014 HHS
 POVERTY GUIDELINES

2013 Family Income for Point Determination on Head
 Start Applications

Family Size	Income at Poverty Level & Range Below 10 POINTS	Income at 25% Below Poverty Level & Range Below 20 POINTS	Income at 50% Below Poverty Level & Range Below 30 POINTS	Income at 75% Below Poverty Level & Range Below 40 POINTS
1	\$8,618-\$11,490	\$5,746-\$8,617	\$2,873-\$5,745	\$0-\$2,872
2	\$11,633-\$15,510	\$7,756-\$11,632	\$3,878-\$7,755	\$0-\$3,877
3	\$14,648-\$19,530	\$9,766-\$14,647	\$4,883-\$9,765	\$0-\$4,882
4	\$17,663-\$23,550	\$11,776-\$17,662	\$5,888-\$11,775	\$0-\$5,887
5	\$20,678-\$27,570	\$13,786-\$20,677	\$6,893-\$13,785	\$0-\$6,892
6	\$23,693-\$31,590	\$15,796-\$23,692	\$7,898-\$15,795	\$0-\$7,897
7	\$26,708-\$35,610	\$17,806-\$26,707	\$8,903-\$17,805	\$0-\$8,902
8	\$29,723-\$39,630	\$19,816-\$29,722	\$9,908-\$19,815	\$0-\$9,907

For each additional
 person, add \$4,020.
 (Round cents to
 the nearest
 dollar.)

Head Start Service Program Year Chart

Program Year	July 1 st -June 30 th	Aug.13th – Aug.12th
One	2005-2006	Eight 2012-2013
Two	2006-2007	Nine 2013-2014
Three	2007-2008	
Four	2008-2009	
Five	2009-2010	
Six	2010-2011	
Seven	2011-2012	

Income Verification Chart

- Hourly \$ amount x 2080 = Yearly gross total
- Weekly \$ amount x 52 = Yearly gross total
- Every two weeks \$ amount x 26 = Yearly gross total
- Bimonthly \$ amount x 24 = Yearly gross total
- Monthly \$ amount x 12 = Yearly gross total

PARENTAL/CAREGIVER CONSENT

I, _____, give Mid-America Head Start and its Delegates* permission to utilize the healthcare information sources noted below** to electronically access any or all of the following: **hemoglobin and lead testing results, immunization records, vision and hearing screenings, well-child exams, and/or newborn hearing screening** for my child enrolled in the Head Start/Early Head Start program. I give permission and request these electronic health systems to disclose those records for the purpose of assisting with needed Head Start/Early Head Start health requirement follow-up services. I further give permission for Mid-America Head Start and its Delegates to give the electronic health systems updated family information presented by the family to Mid-America Head Start and its Delegates. The health requirements information will be retained in the children's confidential file and will be used solely for the purpose of assisting with Head Start/Early Head Start health requirement follow-up and will not be re-released. Below is a list of Head Start/Early Head Start enrolled children for whom I give permission to Mid-America Head Start and its Delegates to access this electronic information:

Child's Name	Date of Birth
1.	
2.	
3.	
4.	
5.	

** Missouri State Health and Senior Services and Social Services Departments (including; but not limited to: Public Health Profile and ShowMeVAX), Missouri Not-for-Profit Health Organizations for On-Site Services, Local Health Departments, and Regional Health Information Organizations

By signing this form, I affirm that I have authority to make decisions about my child(ren) and give my permission for my child(ren)'s health information to be looked up in the health information sources noted above while my child is enrolled in the Head Start/Early Head Start Program.*

Print Name Signature Date

Note: I understand that I have a right to receive a copy of this authorization and that my child's participation is not conditioned on my signing. I have a right to revoke this authorization. To revoke I must do so in writing and present my revocation to Mid-America Head Start or its Delegate and I understand that any disclosure/access made based on this authorization prior to a revocation will not be affected by a later revocation. I understand that my child's information is confidential, any disclosure carries a risk of redisclosure, and the information may not be protected by confidentiality laws after disclosure.

Delegate Agencies: Independence School District, Kansas City Public Schools; The Family Conservancy; The YMCA Revised July 2012

The “Electronic Health Record Access” Consent Form

What is it?

- A consent form that simply gives the MARC and its delegates, the right to help you find health requirement information from the Missouri State health information databases.

Why does the The Family Conservancy want this consent?

- To help you more easily find your child’s required health information; such as immunizations, blood test results, or the date of his/her last physical or dental exam.

What will the health information be used for?

- To help you meet the health requirements needed to enroll your child in The Family Conservancy’s Head Start Program.

Where will this information be kept?

- The information will be placed in your child’s confidential file.

Who will see my child’s information?

- No one except approved staff of The Family Conservancy.

If I don’t sign this, can I still enroll my child in Head Start?

- Yes, we just won’t be able to help you more easily find some of your child’s health information.

What if I decide I do not want to let you get the health information anymore?

- Please give us a letter saying you don’t want us to get the health information any more. Please be sure to sign and date the letter.

Other questions? Please feel free to ask.