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### Selection Criteria

Child's Name: \_\_\_\_\_ Center Name: \_\_\_\_\_

School Year: \_\_\_\_\_

Requirements	Selection Criteria	
<b>Residency</b>	Child resides in Service Area	<input type="checkbox"/>
<b>Income</b>	Low Income 100%-76% below poverty Guidelines	<b>95</b>
	Low Income 75%-51% below poverty Guidelines	<b>85</b>
	Low Income 50%-26% below poverty Guidelines	<b>75</b>
	Low Income 25%-0% below poverty Guidelines	<b>65</b>
	Over Income	<b>00</b>
Age/ DOB: ____ / ____ / ____	6 months and younger	<b>95</b>
	7 months to 12 months	<b>85</b>
	13 months to 18 months	<b>75</b>
	19 months to 24 months	<b>65</b>
	25 months to 30 months	<b>55</b>
	31 months to 36 months	<b>45</b>
<b>Disability Eligibility Criteria (circle only one)</b>	Child with Diagnosed Disability (Current IFSP/IEP)	<b>95</b>
	No IFSP/IEP	<b>0</b>
<b>Parent Eligibility Criteria (circle only one)</b>	Guardian/Kinship	<b>95</b>
	One Parent	<b>85</b>
	Two Parent	<b>75</b>
<b>Categorically Eligibility</b>	Foster Care Family	<b>95</b>
	Homeless Family	<b>95</b>
	Public Assistance (TANF/SSI/SNAP)	<b>75</b>
<b>Other Factors*</b> <i>(*Proof has to be provided to receive points)</i>	One or More Social Service or Special Needs (WIC, DSS services/referrals, etc.) Explain: _____	<b>65</b>
	Combination of 2 or more Explain: _____	<b>85</b>
	Combination of 3 or more Explain: _____	<b>95</b>
	Teen Parent	<b>55</b>
	Parent Working and/or in School	<b>45</b>
	Siblings	<b>35</b>
	Not Applicable	<b>00</b>
<b>ABC Vouchers</b>	Currently Receives Child Care Subsidy	<b>200</b>
<b>Returning Children</b>	Returning Children <b>ONLY</b>	<b>1000</b>
<b>Total Points</b>		

I certify I have reviewed Age, Income, and Residency and accurately recorded the child's age and family income.		
<b>EHS Staff Signature</b>		<b>Date:</b>