**Procedure for Completing the Change of Status (COS)**

**1.** **Site/CFS**

Head Start/GSRP/Community Partner/Center Based Early Head Start: Enter the name of the site the

Child/Expectant Mother is Enrolled at or Waitlisted on.

Early Head Start Home Based enter the name of the CFS that has the Child/Expectant Mother on

their case load or Waitlist Name.

**2. Child/Expectant Mother**

Enter the first and last name of the Child/Expectant Mother the COS applies to.

**3. Date of Birth**

Enter the date of birth of the Child/Expectant Mother the COS applies to.

**Section 4. Status Change:** Use this section for adding a child, dropping a child or transferring a child to another site/CFS.

* Check the program child is to be accepted/enrolled into: EHS, GSRP, HS, CLEO, or HS.
* Check if child is a HSGSRP blend, 101-130, over income, Homeless, FIP, SNAP or SSI.
* If adding a child check the Add box. Fill in the Accepted date or Enrolled date. You will also check the Replaces box and list name of child who is being replaced by child adding.
* If dropping a child check the Drop box, fill in Effective Date of drop and Last Day Attended.
* If transferring to another Site/CFS fill in Site/CFS transferring to and Effective Date.
* Replaces: Input the name of the Child/Expectant Mother being replaced by the Added Child/Expectant Mother.
* Remove from Waitlist: If the Child or Expectant Mother needs to be removed from the waitlist enter/select Yes or No.

**Section 5. Name Change:** Use this section if there has been a legal change of name.

* From: Enter the first and last name it was prior to the name change
* Child/Expectant Mother and/or Parent/Guardian: Enter the first and last name it has now changed to along with the reason for the change followed by the date the name change became affective.

**Section 6. Address/Telephone/Email:** Use this section if there has been a change in: The address the family lives at; Receives mail at; Cell or work phone number; Email address.

* Belonging to: Enter the first and last name of the person the change will occur to.
* Living: Enter the new address the child/expectant mother is now living at. Zip Code: Enter the zip code of the new living address.
* Mailing (if different from living): Enter the address the parent/guardian/foster/expectant mother would like to receive mail at. Zip Code: Enter the zip code of the new living address.
* Phone: Cell or Work: Enter the new phone number. For Cell phone number changes note Yor N if the new number can accept text messages.
* Email: Enter the new Email address.

**Section 7. Custody To:** Use this section if the Parent/Guardian for the child has changed from the time of

application.

* Check the box the custody is transferring to.
* Enter the Parent/Guardian(s) first and last name, date of birth.
* Employment Status: Enter the current employment status.

|  |  |
| --- | --- |
| Full Time (30 or more hours per week) | Part Time (29 or less hours per week) |
| Unemployed | Seasonally employed |
| Retired | In training or school |
| Disabled | \*Homemaker |
| \*\*Part time and in training | \*\*Full time and in training |

\*Select homemaker if the person is a stay-at-home parent or guardian and has not received income or unemployment in the last 12 months.

\*\*If an adult is in school but also is working full or part time, select part time and in training or full time and in training.

* Education Level: Enter the highest education level completed, the code next to the description.

IE Enter “G09” for Grade 9 or less.

|  |  |
| --- | --- |
| G09: Grade 9 or less | CTG: Vocational or Trade School |
| G10: Grade 10 | COL: Some college or advanced training |
| G11: Grade 11 | AD: Associates Degree |
| G12: Grade 12 | BD: Bachelor’s Degree |
| HSG: High School Graduate | MD: Master’s Degree |
| GED: General Educational Development | PHD: Ph.D./Doctorate |

**Section 8. New Child in Family Through:** Use this section if there is a child being added to the family through

birth, adoption, foster/kinship care, guardianship, or power of attorney.

* Enter the child’s first and last name, date of birth and gender using M for male and F for Female.

**Section 9. Insurance Change:** Use this section if there has been a change in the Health or Dental insurance for

the Child or Expectant Mother.

* For either Health Insurance and/or Dental Insurance check:

Drop date: If the Child/Expectant Mother has lost their insurance. Enter the date the

insurance was lost/dropped.

Add Date: If the Child/Expectant Mother has gained their insurance. Enter the date the

insurance was gained/added.

Insurance Company/Type Name: Enter the insurance information.

IE Medicaid, Private Insurance

**Other Notes:** Use this section to add any details that would better explain the reason for the COS.

**Staff Signature and Date:** The individual completing the COS signs their name and the date the COS is

completed.

**Email completed form to (check all that apply below):** Check the appropriate boxes the Change of Status

will be emailed to.