**F-12**

NYC ACS Division of Early Care and Education

**Certification of Eligibility for**

**Area Representative**

The ACS grantee **must** establish the City-Wide Policy Council as early in the program year as possible. We stress the importance of the Area Representative Candidate being the Chairperson, or another officer of the DAPC. Please submit this documentation immediately following the DAPC election.

As part of the 2017 Parent Election process, this form stands to introduce and certify the eligibility of the following Delegate Agency Policy Committee/Council Parent Representative from **name of Delegate Agency**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

The qualifying Area Representative candidate **must** be a parent of a Head Start/Dually Eligible child who is enrolled in the program at the time of his/her installation as a member of the City-Wide Policy Council. Definition of a Head Start parent is: “a Head Start child’s mother or father, other family member who is a primary caregiver, foster parent or authorized caregiver, guardian or the person with whom the child has been placed for purposes of adoption pending a final adoption decree.”

**CERTIFICATION OF ELIGIBILITY OF AREA REPRESENTATIVE CANDIDATES**

The Delegate Agency Head Start Director \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ certifies

 Name of Director

the eligibility of the candidate for the Area and /or Alternate Representative positions.

The following representative was elected as a **candidate** to participate in the area cluster election for an Area or Alternate Representative member to the City-Wide Head Start Policy Council.

Name of Area Representative Candidate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Borough: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director Signature Date E-Mail Address