

Office of Early Learning
INCOME WORKSHEET for Eligibility and Parent Copayments

| SECTION I. EARNED INCOME | | | | | | | | |
|--|---|-------------------------|---|--------|---|----------|----|--|
| Complete the following information about each adult family member in the household who is employed or participating in education: | | | | | | | | |
| Check One: <input type="checkbox"/> Single Parent Household <input type="checkbox"/> Two-Parent Household | | | | | | | | |
| Parent(s) with whom the child resides (include parents by marriage or adoption) | | | | | | | | |
| Name of Person Who Works | Name, Address and Telephone Number of Employer(s) | Source of Earned Income | Gross Earned Income (before taxes) | | Weekly Work Schedule | | | |
| | | | Frequency | Amount | Day of Week | From | To | |
| Parent 1 : | | | <input type="checkbox"/> Weekly | \$ | Monday | | | |
| | | | <input type="checkbox"/> Bi-weekly* | \$ | Tuesday | | | |
| | | | <input type="checkbox"/> Semi-monthly* | \$ | Wednesday | | | |
| | | | <input type="checkbox"/> Monthly | \$ | Thursday | | | |
| | | | <input type="checkbox"/> Annual | \$ | Friday | | | |
| | | | | | | Saturday | | |
| | | | | | | Sunday | | |
| Total Gross Annual Earned Income: | | | | \$ | Total Hours Worked Per Week: | | | |
| <input type="checkbox"/> Education | Name, Address and Telephone Number of School: | | <input type="checkbox"/> Semester <input type="checkbox"/> Quarter <input type="checkbox"/> Other | | Total Classroom/ Lab Hours Per Week: | | | |
| Parent 2: | | | <input type="checkbox"/> Weekly | \$ | Monday | | | |
| | | | <input type="checkbox"/> Bi-weekly* | \$ | Tuesday | | | |
| | | | <input type="checkbox"/> Semi-monthly* | \$ | Wednesday | | | |
| | | | <input type="checkbox"/> Monthly | \$ | Thursday | | | |
| | | | <input type="checkbox"/> Annual | \$ | Friday | | | |
| | | | | | | Saturday | | |
| | | | | | | Sunday | | |
| Total Gross Annual Earned Income: | | | | \$ | Total Hours Worked Per Week: | | | |
| <input type="checkbox"/> Education | Name, Address and Telephone Number of School: | | <input type="checkbox"/> Semester <input type="checkbox"/> Quarter <input type="checkbox"/> Other | | Total Classroom/ Lab Hours Per Week: | | | |
| Additional adult family members in the home who are employed (include children over 18 who are not enrolled as full-time students in secondary schools or their equivalent and related adults who are supported by the family) | | | | | | | | |
| Additional Household Member 1: | | | <input type="checkbox"/> Weekly | \$ | Monday | | | |
| | | | <input type="checkbox"/> Bi-weekly* | \$ | Tuesday | | | |
| | | | <input type="checkbox"/> Semi-monthly* | \$ | Wednesday | | | |
| | | | <input type="checkbox"/> Monthly | \$ | Thursday | | | |
| | | | <input type="checkbox"/> Annual | \$ | Friday | | | |
| | | | | | | Saturday | | |
| | | | | | | Sunday | | |
| Total Gross Annual Earned Income: | | | | \$ | Total Hours Worked Per Week: | | | |
| Additional Household Member 2: | | | <input type="checkbox"/> Weekly | \$ | Monday | | | |
| | | | <input type="checkbox"/> Bi-weekly* | \$ | Tuesday | | | |
| | | | <input type="checkbox"/> Semi-monthly* | \$ | Wednesday | | | |
| | | | <input type="checkbox"/> Monthly | \$ | Thursday | | | |
| | | | <input type="checkbox"/> Annual | \$ | Friday | | | |
| | | | | | | Saturday | | |
| | | | | | | Sunday | | |
| Total Gross Annual Earned Income: | | | | \$ | Total Hours Worked Per Week: | | | |

*Biweekly means paid every other week; Semi-monthly means paid twice per month

SECTION II. DEDUCTIONS

If any family member makes any of the following type of payments, check the type of payment made. Enter the case or account number, the amount paid, the name of the family member making the payment, and the date of the last payment. These payment types are to be deducted or excluded from total family income.

| Authorized Deductions | Case/Account Number | Monthly Amount | Annual Amount | Name of Family Member Making Payment | Date of Last Payment |
|---|---------------------|----------------|---|--------------------------------------|----------------------|
| Child support payments made pursuant to a court order | | \$ | \$ | | |
| Alimony paid pursuant to a court order | | \$ | \$ | | |
| \$ | | | Total Annual Authorized Deductions | | |

SECTION III. UNEARNED INCOME

If any family member receives any of the following type of unearned income (or benefits), check the type of benefits received. Enter the case or account number, the amount received, and the name of the family member receiving the payment.

| Unearned Income Type | Case/Account Number | Monthly Amount | Annual Amount | Name of Family Member Receiving Payment |
|---|---------------------|----------------|-------------------------------------|---|
| Food Stamps benefits and Family Subsistence Supplemental Allowance (FSSA)** | | Exempt \$ | Exempt \$ | |
| Housing assistance, including Military Housing Assistance | | Exempt \$ | Exempt \$ | |
| TANF cash assistance | | \$ | \$ | |
| Dividends/Interest | | \$ | \$ | |
| Social Security Disability income | | \$ | \$ | |
| Supplemental Security Income (SSI) | | \$ | \$ | |
| Veteran's benefits | | \$ | \$ | |
| Retirement benefits-including Social Security, railroad retirement or other types of pensions not previously identified | | \$ | \$ | |
| Child Support received (list) | | \$ | \$ | |
| | | \$ | \$ | |
| | | \$ | \$ | |
| Alimony received | | \$ | \$ | |
| Worker's Compensation benefits | | \$ | \$ | |
| Unemployment Compensation benefits | | \$ | \$ | |
| Income/money received from non-family members residing in the household | | \$ | \$ | |
| Other unearned income (list): | | \$ | \$ | |
| | | \$ | \$ | |
| \$ | | | Total Annual Unearned Income | |

****Do not include in the calculation of Total Annual Unearned Income. For federal reporting purposes only.**

| Total Annual Gross Income (Earned Income + Unearned Income – Deductions) | Household Size (Include parent(s), children, and related adults in the home) | Required Family Contribution/Parent Copayment |
|---|--|---|
| \$ | | \$ |

I hereby certify that the information given in this worksheet is true and complete to the best of my knowledge. I understand that if I knowingly give wrong information, I may be liable for prosecution under state law and that School Readiness services may be terminated. I also understand that if any changes occur to the information on this worksheet, I will notify the coalition of those changes within ten (10) days.

| | | | |
|------------------------------|------|-------------------------------------|------|
| Signature of Parent/Guardian | Date | Signature of Eligibility Determiner | Date |
|------------------------------|------|-------------------------------------|------|