

INCOME ELIGIBILITY FORM FOR FAMILY DAY CARE HOME FAMILIES

Please use ink. Do not use correction fluid.

PROVIDER SURNAME: _____

Part 1. Household Children Enrolled in Day Care							Part 2. Benefits
Names of all household children enrolled in daycare (First and Last name)	Birthday mm/dd/yyyy	Age	Check if Foster Child <input type="checkbox"/>	Check if child attends Head Start <input type="checkbox"/>	List child's income, origin & frequency	Check if child gets NO income <input type="checkbox"/>	List SNAP, FEP, FDPIR, Medicaid or WIC case # (if any). Skip to Part 4 if you list a case # or if all children listed are foster children.
			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

PART 2 Cont. Name of other household members, including adults, receiving SNAP, FEP or FDPIR.	Case # for other household member (if any) and skip to Part 4

PART 3. Total Household Gross Income—List all other household members including children not in daycare and their income if any and children in daycare receiving income.

1. Name of All Other Household Members List everyone else in household and all household members receiving income. List both first and last name. Also list total number of people in household: _____ A household member is any child or adult living with you.	2. Check if NO income <input type="checkbox"/>	3. How much total income and how often it is received Hourly, Weekly, Every 2 Weeks (bi-weekly), Monthly							
		Earnings from work before deductions		Welfare, child support, alimony		Pensions, retirement, Social Security, SSI, VA benefits		All other income and source	
		Income	How often	Income	How often	Income	How often	Income	How often
	<input type="checkbox"/>	\$		\$		\$		\$	
	<input type="checkbox"/>	\$		\$		\$		\$	
	<input type="checkbox"/>	\$		\$		\$		\$	
	<input type="checkbox"/>	\$		\$		\$		\$	
	<input type="checkbox"/>	\$		\$		\$		\$	
	<input type="checkbox"/>	\$		\$		\$		\$	
	<input type="checkbox"/>	\$		\$		\$		\$	
	<input type="checkbox"/>	\$		\$		\$		\$	

Part 4. Signature and Last Four Digits of Social Security Number (Adult must sign)

An adult household member must sign this application. If Part 3 is completed, the adult signing the form must also list the last four (4) digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the Center will get Federal funds based on the information I give. I understand that Program officials may verify (check) the information. I understand that if I purposely give false information I may be prosecuted.

Sign here: _____ Print name: _____ Date: _____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip code: _____

Last four digits of Social Security Number: ****-****-____-____ I do not have a Social Security Number

PART 5. Children's ethnic and racial identities (optional)

Choose one ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	Choose one or more (regardless of ethnicity): <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or other Pacific Islander
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Don't fill out this part. This is for official use only.

<input type="checkbox"/> TIER I RATE <input type="checkbox"/> TIER II RATE	Annual Income Conversion: Hourly x 2080, Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24. (Use if multiple pay periods listed in #4.) Total Income: _____ Per: <input type="checkbox"/> Week, <input type="checkbox"/> Every 2 Weeks, <input type="checkbox"/> Twice A Month, <input type="checkbox"/> Month, <input type="checkbox"/> Year Household size: _____ Categorical eligibility: _____ Income eligibility: Tier 1 _____ Tier 2 _____ Reason (if not eligible): _____ Approving Official's Signature: _____ Date of approval: _____ Verifying Official's Signature (optional): _____ Date of approval: _____
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