

INCOME WORKSHEET

(EHS only) Pregnant Mom: _____ DOB: _____

Child's Name: _____ DOB: _____

1305.2(e):

Family means all persons living in the same household who are:

1. Supported by the income of the parent(s) or guardian(s) of the child enrolling or participating in the program

AND

2. Related to the parent(s) or guardian(s) by blood, marriage, or adoption

Income Source	Income Amount	Payment Frequency	Total
Last year's Tax Return (1040 or W-2)	\$	X	\$
Employer Verification / <u>Start date:</u>	\$	X	\$
Child Support	\$	X	\$
Scholarship/ Grant	\$	X	\$
Social Security/ Disability	\$	X	\$
Unemployment	\$	X	\$
No Income Worksheet (notarized)	\$ 0.00		\$ 0.00
Other:	\$	X	\$
Categorically Eligible: check one below			
<input type="checkbox"/> TANF <input type="checkbox"/> SSI <input type="checkbox"/> Kinship <input type="checkbox"/> Foster <input type="checkbox"/> Homeless	\$ 0.00		\$ 0.00

Total Amount	\$
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Payment Frequency Key

Weekly	(X 52)
Bi-weekly	(X 26)
Monthly	(X 12)

Number in the family based on definition of family: _____ (See next page for family members)

Verifying Staff Signature: _____ Date: _____

"Region 7 Education Service Center is committed to student success by providing quality programs and services that meet or exceed our customers' expectations."

Other than the applying child, please list family members below:

Haga una lista abajo de otros miembros de la familia aparte del niño que está aplicando:

Name: <i>Nombre:</i>	DOB: <i>Fecha de Nacimiento</i>	Relation to Child: <i>Relación con el Niño:</i>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

EMERGENCY CONTACT INFORMATION
INFORMACIÓN DE CONTACTOS DE EMERGENCIA

Contact Name: <i>Nombre de Contacto:</i>	Relation to Child: <i>Relación con el Niño:</i>	Phone Number(s): <i>Número(s) de Teléfono:</i> Type: H-Home, C-Cell, W-Work <i>Tipo: H-Hogar, C-Celular, T-Trabajo</i>
1.		
2.		
3.		

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