

**The Agency for Workforce Innovation – 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. Provide proof of all income and/or participation in education/training declared on this form.

**Check One:**  **Single Parent Household**       **Two-Parent Household**

Parent(s) with whom the child resides (includes parents by marriage or adoption)

Name of Person Who Works	Name, Address and Telephone Number of Employer(s)	Occupation	Gross Earned Income (before taxes)		Weekly Work Schedule		
			Frequency	Amount	Day of Week	From	To
Parent 1 :			<input type="checkbox"/> Hourly	\$	Monday		
			<input type="checkbox"/> Weekly	\$	Tuesday		
			<input type="checkbox"/> Bi-weekly*	\$	Wednesday		
			<input type="checkbox"/> Semi-monthly*	\$	Thursday		
			<input type="checkbox"/> Monthly	\$	Friday		
			<input type="checkbox"/> Annual	\$	Saturday		
					Sunday		
			<b>Total Gross Annual Earned Income:</b>		\$	<b>Total Hours Worked Per Week:</b>	

<input type="checkbox"/> Education	Name, Address and Telephone Number of School:	<input type="checkbox"/> Semester <input type="checkbox"/> Quarter <input type="checkbox"/> Other	<b>Total Classroom/ Lab Hours Per Week:</b>	
------------------------------------	---	---	---	--

Parent 2 :			<input type="checkbox"/> Hourly	\$	Monday		
			<input type="checkbox"/> Weekly	\$	Tuesday		
			<input type="checkbox"/> Bi-weekly*	\$	Wednesday		
			<input type="checkbox"/> Semi-monthly*	\$	Thursday		
			<input type="checkbox"/> Monthly	\$	Friday		
			<input type="checkbox"/> Annual	\$	Saturday		
					Sunday		
			<b>Total Gross Annual Earned Income:</b>		\$	<b>Total Hours Worked Per Week:</b>	

<input type="checkbox"/> Education	Name, Address and Telephone Number of School:	<input type="checkbox"/> Semester <input type="checkbox"/> Quarter <input type="checkbox"/> Other	<b>Total Classroom/ Lab Hours Per Week:</b>	
------------------------------------	---	---	---	--

**Additional adult family members in the home who are employed** (includes 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"/> Hourly	\$	Monday		
			<input type="checkbox"/> Weekly	\$	Tuesday		
			<input type="checkbox"/> Bi-weekly*	\$	Wednesday		
			<input type="checkbox"/> Semi-monthly*	\$	Thursday		
			<input type="checkbox"/> Monthly	\$	Friday		
			<input type="checkbox"/> Annual	\$	Saturday		
					Sunday		
			<b>Total Gross Annual Earned Income:</b>		\$	<b>Total Hours Worked Per Week:</b>	

Additional Household Member 2:			<input type="checkbox"/> Hourly	\$	Monday		
			<input type="checkbox"/> Weekly	\$	Tuesday		
			<input type="checkbox"/> Bi-weekly*	\$	Wednesday		
			<input type="checkbox"/> Semi-monthly*	\$	Thursday		
			<input type="checkbox"/> Monthly	\$	Friday		
			<input type="checkbox"/> Annual	\$	Saturday		
					Sunday		
			<b>Total Gross Annual Earned Income:</b>		\$	<b>Total Hours Worked Per Week:</b>	

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

\*\* A school that is intermediate in level between elementary school and college (includes middle/high, vocational/technical, and college-prep schools)

**SECTION II. 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. Provide proof of all payments received with this form.

✓	Unearned Income Type	Case/Account Number	Monthly Amount Received	Annual Amount Received	Name of Family Member Receiving Payment
	Alimony received		\$	\$	
	Child Support received (if multiple payments, list each separately):		\$	\$	
	1.		\$	\$	
	2.		\$	\$	
	3.		\$	\$	
	Dividends/Interest		\$	\$	
	Food Stamps benefits		\$	\$	
	Housing assistance from HUD issued directly to a landlord (and utilities)		\$	\$	
	Housing assistance from HUD issued directly to member of the household (and utilities)		\$	\$	
	Income/money received from non-family members residing in the household		\$	\$	
	Military FSSA housing assistance		\$	\$	
	Relative Caregiver benefit		\$	\$	
	Retirement benefits, including Social Security, railroad retirement, or other types of pensions not previously identified		\$	\$	
	Social Security Disability income		\$	\$	
	Supplemental Security Income (SSI)		\$	\$	
	TANF cash assistance		\$	\$	
	Unemployment Compensation benefits		\$	\$	
	Veteran's benefits		\$	\$	
	Worker's Compensation benefits		\$	\$	
	Other income (list):		\$	\$	
	1.		\$	\$	
	2.		\$	\$	
\$					<b>Total Annual Unearned Income</b>

**SECTION III. 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. The caseworker will deduct or exclude these payment types from total family income upon receipt of proof of payment.

✓	Authorized Deductions	Case/Account Number	Monthly Amount Paid	Annual Amount Paid	Name of Family Member Making Payment	Date of Last Payment
	Alimony paid pursuant to a court order		\$	\$		
	Child support payments paid pursuant to a court order		\$	\$		
\$					<b>Total Annual Authorized Deductions</b>	

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) calendar days.

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

**OFFICIAL USE ONLY – Coalition staff to complete this section.**

<b>Total Annual Gross Income</b> (Earned Income + Unearned Income – Deductions)	<b>Household Size</b> (Include parent(s), children, and related adults in the home who are supported by the family)	<b>Required Family Contribution/Parent Copayment</b>
\$		\$