

Preschool Development Grant  
Child & Family Application SY17/18

**Child must be 4 years old before September 1, 2017**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Primary Parent/Guardian Name: \_\_\_\_\_ Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Mailing Address (if different from above):

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

Child Ethnicity (Please circle):

American Indian or Alaskan Native                      Asian                      Native Hawaiian/Other Pacific Islander  
 Black or African American                      Hispanic/ Latino                      White, not Hispanic                      two or more races

\_\_\_\_\_ Total number of adults in the household  
 \_\_\_\_\_ Total number of children in the household

**Amount of Gross Income for the most recent month for each parent in household (please select all sources that apply)**

Name Parent/ Guardian #1		Name Parent/ Guardian #2	
_____	Wages from paid employment	_____	Wages from paid employment
_____	Child support payments	_____	Child support payments
_____	Spousal maintenance ( <i>alimony</i> )	_____	Spousal maintenance ( <i>alimony</i> )
_____	Government payments	_____	Government payments
_____	Unemployment payments	_____	Unemployment payments
_____	Other ( <i>please describe below</i> )	_____	Other ( <i>please describe below</i> )

% Gross Yearly and Monthly Income		
Persons in Family/ Household	200% Poverty Guideline Yearly	200% Poverty Guideline Monthly
1	\$24,120	\$2,010
2	\$32,480	\$2,707
3	\$40,840	\$3,403
4	\$49,200	\$4,100
5	\$57,560	\$4,797
6	\$65,920	\$5,493
7	\$74,280	\$6,190
8	\$82,640	\$6,887

For families/households with more than 8 persons, add \$8,360 for each additional person in the "200% Poverty Guideline Yearly" column.

Declarative Statement:

I affirm that the above information is true and correct to the best of my knowledge. I understand that my personal information contained on this application will be made available to the Preschool Development Grant funding source.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Relationship to Child

For Completion by Provider	
_____	All items in application are completed
_____	Family income verified Specify documents used to verify income (i.e. w-9 forms, paystubs etc.)
_____	Child citizenship/legal residency verified Child's age verified
_____	Date
_____	Initials