

PDG FY19 Child/Family Application

Child's Name: _____ Date of Birth (must be 4 before Sept. 1): _____

Primary Parent/Guardian Name: _____ Street Address: _____

City, State: _____ Zip Code: _____ Telephone #: _____

Mailing Address (if different from above): _____

City, State: _____ Zip Code: _____ Email Address: _____

Child Ethnicity (Please check):

- 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

Include the <i>accurate</i> total calculations of Gross Income for the most recent month for each adult in household (please fill out all sources that apply). If yearly income is \$0, attach a written statement describing the circumstances.			
Name (Parent/ Guardian #1): Select income type listed below: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly		Name (Parent/ Guardian #2): Select income type listed below: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	
_____	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>)
_____	TOTAL Income Calculations	_____	TOTAL Income Calculations

2018 % Gross Yearly and Monthly Income		
Persons in Family/ Household	200% Poverty Guideline Yearly	200% Poverty Guideline Monthly
1	\$24,280	\$2,023.33
2	\$32,920	\$2,743.33
3	\$41,560	\$3,463.33
4	\$50,200	\$4,183.33
5	\$58,840	\$4,903.33
6	\$67,480	\$5,623.33
7	\$76,120	\$6,343.33
8	\$84,760	\$7,063.33
For families/households with more than 8 persons, add \$8,640 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