PDG FY19 Child/Family Application

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| **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 | | | |

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|  | Total number of adults in the household |
|  | Total number of children in the household |

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| **Include the *accurate* 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:  Weekly  Bi-Weekly  Monthly  Yearly | | Name (Parent/ Guardian #2):  Select income type listed below:  Weekly  Bi-Weekly  Monthly  Yearly | |
|  | Wages from paid employment |  | Wages from paid employment |
|  | Child support payments |  | Child support payments |
|  | Spousal maintenance *(alimony)* |  | Spousal maintenance *(alimony)* |
|  | Government payments |  | Government payments |
|  | Unemployment payments |  | Unemployment payments |
|  | Other *(please describe below)* |  | Other (please describe below) |
|  | TOTAL Income Calculations | TOTAL Income Calculations | |

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| 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. | | |

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| **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 |

**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.

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Signature

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Printed Name

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Relationship to Child

Refer to the *PDG FY19 Guidance Manual* for additional information regarding age and income eligibility: [www.azed.gov/ece/current-initiatives](http://www.azed.gov/ece/current-initiatives).