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).