

INCOME ELIGIBILITY WORKSHEET

CHILD NAME: _____ **DATE OF APPLICATION:** _____

Note: Paycheck stubs must be in consecutive order within the last four pay periods from the date of application. Make copies of income verification to be placed in the child's file.

Paid Weekly		Paid Bi-Weekly		Paid Twice Monthly		Paid Monthly	
Income #1		Income #1		Income #1		Income #1	
Date of Check	Gross Amount	Date of Check	Gross Amount	Date of Check	Gross Amount	Date of Check	Gross Amount
_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____	_____	\$ _____		
_____	\$ _____						
_____	\$ _____	Total	\$ _____/2	Total	\$ _____/2	Total	\$ _____/1
Total	\$ _____/4						
Weekly Average	\$ _____ (4.334)	Bi-Weekly Average	\$ _____ (2.167)	Twice Weekly Average	\$ _____ (2.0)		
Monthly Total	\$ _____	Monthly Total	\$ _____	Monthly Total	\$ _____	Monthly Total	\$ _____
X 12		X 12		X 12		X 12	
Annual Income	\$ _____	Annual Income	\$ _____	Annual Income	\$ _____	Annual Income	\$ _____
Income #2		Income #2		Income #2		Income #2	
Date of Check	Gross Amount	Date of Check	Gross Amount	Date of Check	Gross Amount	Date of Check	Gross Amount
_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____	_____	\$ _____		
_____	\$ _____						
_____	\$ _____	Total	\$ _____/2	Total	\$ _____/2	Total	\$ _____/1
Total	\$ _____/4						
Weekly Average	\$ _____ (4.334)	Bi-Weekly Average	\$ _____ (2.167)	Twice Weekly Average	\$ _____ (2.0)		
Monthly Total	\$ _____	Monthly Total	\$ _____	Monthly Total	\$ _____	Monthly Total	\$ _____
X 12		X 12		X 12		X 12	
Annual Income	\$ _____	Annual Income	\$ _____	Annual Income	\$ _____	Annual Income	\$ _____
Federal Income Tax Forms / Gross Income:		Food Stamp Eligibility Documentation within 30 days		DHS Caseworker document verifying less than 200% FPL		Total in Family: _____ Total Family Income:	
\$ _____		\$ _____		\$ _____		\$ _____	
___ Active Military Overseas		___ Incarcerated Parent		___ No earned Income			
___ Custody of or living with other relative		___ Foster Care					