

Please List All Family Income

<i>Name</i>	<i>Monthly Income</i>	<i>Employer</i>

Please list below all adults & children living at this address

<i>Name</i>	<i>Relationship to child</i>	<i>Birth Date</i>

Per Day Fee Income Verification Schedule

Family Size	100%-I Free	125%-II Free	150%-III \$4.00	175%-IV \$6.00	185%-V \$8.00	200%-VI \$10.00	225%-VII \$14.00	250%-VIII \$16.00	250%-IX \$18.00
1	\$10,830	\$13,537	\$16,245	\$18,952	\$20,035	\$21,660	\$24,367	\$27,075	\$27,076
2	\$14,570	\$18,212	\$21,855	\$25,497	\$26,954	\$29,140	\$32,782	\$36,425	\$36,426
3	\$18,310	\$22,887	\$27,465	\$32,042	\$33,873	\$36,620	\$41,197	\$45,775	\$45,776
4	\$22,050	\$27,562	\$33,075	\$38,587	\$40,792	\$44,100	\$49,612	\$55,125	\$55,126
5	\$25,790	\$32,237	\$38,685	\$45,132	\$47,711	\$51,580	\$58,027	\$64,475	\$64,476
6	\$29,530	\$36,912	\$44,295	\$51,677	\$54,630	\$59,060	\$66,442	\$73,825	\$73,826
7	\$33,270	\$41,587	\$49,905	\$58,222	\$61,549	\$66,540	\$74,857	\$83,175	\$83,176
8	\$37,010	\$46,262	\$55,515	\$64,767	\$68,468	\$74,020	\$83,272	\$92,525	\$92,526

For units of more than 8 members, add \$3,740 for each additional family member
Rates are subject to change

Income verification must be submitted for application to be processed for enrollment.

State Requirement Income verification documents must be sent in with this application. One of three methods are acceptable: W-2 forms or Federal Tax Forms from previous year or if your child has a Medicaid/Medicare card, we need the number on the card.

Medicaid/Medicare # _____

Penalties for Misrepresentation

I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for receipt of federal funds, that program officials may verify the information on the application, and that deliberate misrepresentation of the information might subject me to prosecution under applicable state and federal criminal laws.

Signature of Parent/Guardian _____ **Date** _____

Agency Use Only: CAT _____ PDR _____ Date _____ ID# _____

Return to:
Little Panthers Preschool
300 S. State St.
New Lexington, OH 43764
PH: 740-343-0680
FAX: 740-343-0683

PERRY-HOCKING ESC
EARLY CHILDHOOD PROGRAM
PUBLIC PRESCHOOL