The following form(s) can be filled in on-line, then printed for signatures and mailing or faxing.

To begin filling out the forms in Acrobat Reader, make sure the 'hand' tool is selected then click on a line or in a box and begin typing. Check boxes can be clicked on or off.



Spokane County Head Start/ECEAP/EHS 2009-2010 INCOME STATEMENT (ECEAP)

| FOR STAFF USE ONLY | | | | |
|--|--|--|--|--|
| ☐ Income eligible | | | | |
| ☐ Over income. Enrollment justification: | | | | |
| | | | | |
| | | | | |

| CHILD'S NAME | | | Birth date |
|----------------------------------|---------------------------|---|--|
| Proof of birth date: | ☐ Birth certificate | ☐ Medical coupon | Other |
| Number in family (ad | ults and children) | | |
| FAMILY INCOME (TOTA | | VERSE SIDE FOR WOR | RKSHEET |
| ANNUAL | | , | |
| \$ | Past 12 months inco | ome | |
| OR | | | |
| \$ | 2008 calendar year | income tax document | |
| MONTHLY | | | |
| \$ | _ | | |
| PROOF OF INCOME US | ED (check all that | t apply) | |
| ☐ DSHS/TANF awa | rd letter | ☐ Letter from employer | |
| Pay stubs | | ☐ IRS tax forms (1040A o | or 1040) |
| ☐ Letter from DSHS | } | Other | |
| SOURCE OF INCOME | | | |
| ☐ TANF (case numb | oer) | | |
| ☐ Employer/compa | ny (name) | | |
| Other (list) | | | |
| | | | |
| understand that this information | on is being given for the | receipt of federal or state fu | on is true and correct and that all income is reported. unds; that institution officials may verify the informatio may subject me to prosecution under applicable stat |
| Signature of parent/guardian_ | | | Date |
| Signature of staff | | | Date |

| INCOME ELIGIBILITY AMOUNTS | | | | |
|----------------------------|-----------------------------|------------------------------|--|--|
| SIZE OF FAMILY | ANNUAL INCOME GUIDELINES | MONTHLY INCOME GUIDELINES | | |
| 1 | \$11,913 | \$ 993 | | |
| 2 | \$16,027 | \$1,336 | | |
| 3 | \$20,141 | \$1,678 | | |
| 4 | \$24,255 | \$2,021 | | |

| INCOME ELIGIBILITY AMOUNTS | | | | |
|----------------------------|-----------------------------|------------------------------|--|--|
| SIZE OF FAMILY | ANNUAL INCOME GUIDELINES | MONTHLY INCOME GUIDELINES | | |
| 5 | \$28,369 | \$2,364 | | |
| 6 | \$32,483 | \$2,707 | | |
| 7 | \$36,597 | \$3,050 | | |
| 8 | \$40,711 | \$3,393 | | |

ECEAP income guidelines are 110 percent of poverty as decided by the Washington state legislature. The above income guidelines are effective spring 2009. (For family units with more than eight members, add \$4,114 for each additional member.) Families receiving a cash award through TANF are considered income eligible.

CCS 9850 (Rev. 3/09) (ECEAP)

Marketing and Public Relations

DEFINITION OF INCOME

Total cash receipts before taxes from all sources, INCLUDING:

- Wages/salary before deductions
- Net income from self-employment
- Retirement/Social Security regular payments
- Worker's compensation
- Veterans' benefits
- Alimony
- Child support
- Military family allotments
- · College scholarships, grants, fellowships
- Public assistance
- TANF
- SSI
- Emergency assistance

Income does NOT INCLUDE:

- Capital gains
- Assets gained from sale of property, house or car
- Tax refunds
- Gifts
- Loans
- Lump-sum inheritance
- One time insurance payments or compensation for injury
- Non-cash benefits such as health insurance
- Federal non-cash benefits such as:
- Medicaid or Medicare
- Food stamps
- School lunches
- Housing assistance

PERIOD OF TIME for determining eligibility (whichever more accurately reflects the family's need):

• The 12 months immediately preceding the month in which application or reapplication for enrollment is made

OR

• The calendar year immediately preceding the calendar year of application

WORKSHEET