Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TWIST ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| TO BE COMPLETED BY PARENT |
| I am available for work and need child care to look for work? [ ]  Yes [ ]  No Based on the chart below, my income\* is at or below the monthly limits based on my family size\*\*?[ ]  Yes [ ]  No

|  |  |
| --- | --- |
| **Family Size –****Number of Persons in the Family** | **Gross Monthly Income** 85% State Median Income |
| Two | $4,113 |
| Three | $5,081 |
| Four | $6,049 |
| Five | $7,016 |
| Six | $7,984 |
| Seven | $8,166 |
| Eight | $8,347 |
| Nine | $8,528 |
| Ten | $8,710 |

\*Income does not include federal or state assistance or child support and is your gross income received (before taxes).\*\*Family size consists of those in the home that can be claimed as dependents on a federal tax return or a minor who is the responsibility of the parent/applicant. |

I certify that all information provided on this form is accurate and child care may be terminated if any of this information is found to be inaccurate. I understand that giving false information may constitute fraud and could result in prosecution and/or repayment of money for services for which I was not entitled.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Parent’s Signature Date