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