

Income Calculation & Family Size Worksheet (RHS & EHS)

| Parent Name | | | Child Name | | | |
|---|-----------------------|-------------------------|--------------------|----------------------|--|-------------------------------|
| (Prior Year) Sources of Annual Income | Parent/ Guardian A | + Parent/ Guardian B | = Annual Income | Divided by (÷) 12 | Multiplied by (X) # of Countable Months | Circle Countable Months |
| SSI/SSP | | | | | | Jan |
| TANF | | | | | | Feb |
| Foster Care | | | | | | Mar |
| Prior Year Income Taxes (1040,w-2's) | | | | | | Apr |
| Pay Stubs From All Employers (YTD) | | | | | | May |
| Child Support Received | | | | | | June |
| Spousal Support | | | | | | July |
| Unemployment | | | | | | Aug |
| Disability Benefit | | | | | | Sept |
| Workers Comp. | | | | | | Oct |
| Military Pay (subtract hostile & housing pay) | | | | | | Nov |
| **Other (see Definition of Income) | | | | | | Dec |
| Student Aide Income | | | | | | |
| Total Prior Year Income | | | | | | |
| (Current Year) | | | Parent/ | + Parent/ | Current | Circle |
| Sources of Annual Income | | | Guardian A | Guardian B | Year | Countable |
| 0.07 (0.07) | | | YTD | YTD | Subtotals | Months |
| SSI/SSP | | | | | | Jan |
| TANF | | | | | | Feb |
| Foster Care | | | | | | Mar |
| Prior Year Income Taxes (1040,w-2's) | | | | | | Apr |
| Pay Stubs From All Employers (YTD) | | | | | | May |
| Child Support Received | | | | | | June |
| Spousal Support | | | | | | July |
| Unemployment | | | | | | Aug |
| Disability Benefit | | | | | | Sept |
| Workers Comp. | | | | | | Oct |
| Military Pay (subtract hostile & housing pay) | | | | | | Nov |
| **Other (see Definition of Income) | | | | | | Dec |
| Student Aide Income | | | Total Current | Year Income: | | |
| | | | | | | 1 |
| # of adults | Name | *** <u>Family S</u> | | hdate | Relatio | nship |
| | | | <u> </u> | | | |
| + # of children Under 18 | | | | | | |
| | | | . | | - | |
| = Total family size | | | | | | |
| Total Prior Year Income + Total Current Year Income | | Comple | eted by: | | Date: | |

Other-Refer to the current Head Start family income guidelines definition of income.

Comments: _

Distribution: White - Delegate/DO Office

=Annual Eligibility Income

^{***} Family=All persons living in the same household who are 1) Supported by the income of the parent(s)/Guardian(s) of the child enrolling or participating in the program and 2) Related to the parent(s)/Guardian(s) by blood, marriage, or adoption. Mandatory Revised 1-11