

## HQEL Child & Family Application

Child's Name: \_\_\_\_\_ Date of Birth (must be 3 or 4 before Sept. 1): \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

Child Ethnicity (Please check):  American Indian or Alaskan Native  Asian  Black or African American  
 Hispanic/ Latino  Native Hawaiian/ Other Pacific Islander  White, not Hispanic  Two or more races

Total number of adults in the household: \_\_\_\_\_ Total number of children in the household: \_\_\_\_\_

Include the **accurate** total calculations of Gross Income for the most recent month for each adult in household (please fill out all sources that apply). If yearly income is \$0, attach a written statement describing the circumstances. If more than two adults, please use additional forms.

Name (Adult #1): \_\_\_\_\_

Name (Adult #2): \_\_\_\_\_

Select income type listed below:

Weekly  Bi-Weekly  Monthly  Yearly

\_\_\_\_\_ Wages from paid employment

\_\_\_\_\_ Child support payments

\_\_\_\_\_ Spousal maintenance (alimony)

\_\_\_\_\_ Government payments

\_\_\_\_\_ Unemployment payments

\_\_\_\_\_ Other:

\_\_\_\_\_ **TOTAL Income Adult #1**

Select income type listed below:

Weekly  Bi-Weekly  Monthly  Yearly

\_\_\_\_\_ Wages from paid employment

\_\_\_\_\_ Child support payments

\_\_\_\_\_ Spousal maintenance (alimony)

\_\_\_\_\_ Government payments

\_\_\_\_\_ Unemployment payments

\_\_\_\_\_ Other:

\_\_\_\_\_ **TOTAL Income Adult #2**

**TOTAL HOUSEHOLD INCOME:** \_\_\_\_\_

2022 % Annual Federal Poverty Guidelines			
Persons in Family/ Household	100% Annual FPL	200% Annual FPL	300% Annual FPL
1	\$13,590	\$27,180	\$40,770
2	\$18,310	\$36,620	\$54,930
3	\$23,030	\$46,060	\$69,090
4	\$27,750	\$55,500	\$83,250
5	\$32,470	\$64,940	\$97,410
6	\$37,190	\$74,380	\$111,570
7	\$41,910	\$83,820	\$125,730
8	\$46,630	\$93,260	\$139,890
For each additional add	\$4,720	\$9,440	\$14,160

Refer to the *HQEL Guidance Manual* for additional information regarding age and income eligibility.

**Declarative Statement:** I affirm that the above information is true and correct to the best of my knowledge. I understand that my personal information contained on this application will be made available to the High Quality Early Learning (HQEL) Grant funding source.

**Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Relationship to Child:** \_\_\_\_\_

---

*Please do not fill out below this line. To be completed by PDG Program/Provider only.*

***For Completion by Provider:***

- All items in application are completed.
- Family income verified.
- Specify documents used to verify income (i.e. W-9 forms, paytsubs, etc.):  
\_\_\_\_\_
- Child citizenship/legal residency verified.
- Child's age verified
- Date: \_\_\_\_\_
- Initials: \_\_\_\_\_