

HQEL FY24 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

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:

_____ Wages from paid employment

_____ Child support payments

_____ Spousal maintenance (alimony)

_____ Government payments

_____ Unemployment payments

_____ Other:

_____ TOTAL Income Adult #1

_____ TOTAL Income Adult #2

TOTAL HOUSEHOLD INCOME: _____

2023 % Annual Federal Poverty Guidelines			
Persons in Family/ Household	100% Annual FPL	200% Annual FPL	300% Annual FPL
1	\$14,580	\$29,160	\$43,740
2	\$19,720	\$39,440	\$59,160
3	\$24,860	\$49,720	\$74,580
4	\$30,000	\$60,000	\$90,000
5	\$35,140	\$70,280	\$105,420
6	\$40,280	\$80,560	\$120,840
7	\$45,420	\$90,840	\$136,260
8	\$50,560	\$101,120	\$151,680
For each additional add	\$5,140	\$10,280	\$15,420

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 Grant funding source.

Signature: _____

Printed Name: _____

Relationship to Child: _____

Please do not fill out below this line. To be completed by HQEL 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: _____