

HQEL Family Income Verification Form

Please provide the following information regarding your HQEL classrooms.

This form along with each child’s family application will need to be uploaded as one file into the EMAC System.

Site Name

Child’s Name (First & Last)	Continuing from FY23?	Enrollment Date	Total Household Size	Total Gross Family Income	Total % FPL <i>Calculator</i>	Document used to verify income (upload child/family application into EMAC for ADE verification)
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