

Count Me In

Financial Assistance Application 2024

1.						
Child's Name	Date of Birth	2.				
Child's Name	Date of Birth	EBT/SNAP # or K		r Government	Military Verification Foster Child	
Child's Name	Date of Birth	Medical Car	rd #	_		
ATTACH PROOF OF FIN	ANCIAL ASSISTANCE E ne Tax return)	LIGIBILITY (copy of	any of the docum	ments in box 2 f	or each child	
	S AND ANNUAL INCOME Federal Income Tax return		ts from box 2 sk	ip Part 4 and g	go to Part 5.	
LMES OF HOUSEHOLD MEMI luding Children Not Listed Abov ST FIRST	BERS GROSS ANNUAL	ANNUAL Income From Welfare Payments, Child Support, Alimony	ANNUAL Inco From Pension Retirement Social Security	s Annual Inco	ome	
	\$	\$	\$	<u> </u>		
	\$	\$	\$	\$		
	\$	\$	\$	\$		
	<u> </u>	\$	\$	<u> </u>		
	<u> </u>	\$	\$	\$		
ormation is true and correct. I ome is reported. I understand	I am the parent/guardian of the I also certify that the food stated that institution officials may	mp or other eligible prog	gram case numbe	er is current, con		
nature of Adult Household Mem	nber Pr	inted Name	_	Date		
ne Telephone	Work Telepho	one	Cell Phone			
eet/ Apt. No		City/State/Zip				
	l or ethnic identity of the partican AmericanHispanic _	-	-	-	Vative	
	FOR SPONSOR USE ON					
lication:			11115 12			
Approved	Not Approved					
Signature of Determini	. 000.1	X Date	<u> </u>	Manager Verifica	ation Signatura	



INSTRUCTIONS COUNT ME IN FINANCIAL ASSISTANCE APPLICATION

Financial Assistance is based on the income or documentation guidelines below.

2024 Income Guidelines for Financial Assistance

			Twice Per	Every Two	
Household Size:	<u>Annual</u>	Monthly	<u>Month</u>	<u>Weeks</u>	Weekly
1	26,973	2,248	1,124	1,038	519
2	36,482	3,041	1,521	1,404	702
3	45,991	3,833	1,917	1,769	885
4	55,500	4,625	2,313	2,135	1,068
5	65,009	5,418	2,709	2,501	1,251
6	74,518	6,210	3,105	2,867	1,434
7	84,027	7,003	3,502	3,232	1,616
For each additional member add:	9,509	793	397	366	183

Food Stamp/ K – TAP/Medical Card – If you receive any of this type of assistance, please complete the form as instructed and provide the agency with a copy of the document for each child.

Foster Child/Military Verification – Please provide verification of Foster Child status or Military Service verification card to qualify.

All Other Households – If your household income is at or below the amount shown for the size of your household, please fill out the application completely. You will be asked for the following information and must provide a copy of your Federal Income Tax return for the current or prior year. (Please redact/black-out your social security number from your tax return document.)

Household Members – List the names of everyone who lives in your household, Include parents, grandparents, all children, other relatives, and unrelated people who live in your household.

Annual Income – List the total income your household receives annually. Also list the income amount (before deductions for taxes, social security, etc.) each person received last annually and where it came from (wages, retirement, welfare, etc.) If you have a household member whose annual income was higher or lower than usual, list that person's expected average annual income.

Signature – An adult household member must sign the application.

Verification – The information you put on the application may be checked by agency officials at any time during the year.

Reporting Changes – If your situation changes at any time during the year, please contact the agency.

Nondiscrimination –No child shall be discriminated against because of race, sex, color, national origin, religion, age, or disability.

Confidentiality – The information you provide will be treated confidentially and will be used only for eligibility determinations and verification of data.