

CHILD CARE ASSESSMENT SHEET
2021-2022

_____-_____-_____
(Student I.D. #) (Last Name) (First Name)

I give permission for the Financial Aid Office to release information on my income and financial aid.

(Student Signature) (Date)

TO BE COMPLETED BY THE FINANCIAL AID OFFICE with a copy of your tax return

Household Size: _____ Total family income: \$_____ Tax Year: 2019.
Students with incomes for 2019 falling within guidelines below are considered to be economically disadvantaged and should be considered for lower day care rates.

Number in Household	Adjusted Gross Income
1	21,978
2	29,637
3	37,296
4	44,955
5	52,614
6	60,273
7	67,951
8	75,647
Each Additional Member, add	7,696

INFANTS AND TODDLERS \$7.55 - \$15.13 PER HOUR
PRESCHOOLERS \$6.96 - \$13.91 PER HOUR

_____/_____/_____
(Financial Aid Signature) (Date)

NONE OF THE ABOVE : _____/_____/_____
(Financial Aid Signature) (Date)

