

ECFE Sliding Fee Schedule Application

This form will be used to determine your placement on the sliding fee schedule. It will be seen only by the Early Childhood Coordinator.

Income Work Sheet - Please complete & return.

Household size (pregnant women count as 2): _____

Current yearly or monthly income of all household members from work (before deductions); include all jobs: _____ yearly or monthly (circle)

Social Security/Pension/Retirement: _____/month

Unemployment/Worker's Compensation/Strike Benefits: _____/week or month (circle)

Child Support/ Spousal Maintenance: _____/month

Tips: _____/week

Other income: _____/week or month (circle)

In the past year, has your family received:

____ MFIP ____ Head Start ____ WIC ____ SNAP (Food Support) ____ Medical Assistance ____ Free/Reduced Lunch Program

Are there any unusual financial circumstances for your family? Please explain:

I certify that the above information is correct.

Signature _____ Date _____

School district officials may ask to have the financial information on this application be verified. Deliberate misrepresentation of financial information can subject persons to prosecution of fraud by state and federal laws.