

Income

Name	Employer	Hours worked per week	Gross Amount/Weekly

Unearned Income

Name	Source	Gross Amount/Weekly

Deductions

Deductions	Expenses	Max Allowable	Office Use Only
Work related expenses (per working adult)		100.00	
Heating Expenses (propane or natural gas)		300.00	
Electric		215.00	
Shelter (Rent or Mortgage Payment)		500.00	
Phone		30.00	
Health Insurance		400.00	
Dependent Care		200.00	
Medical Expenses		over 50.00	
Child Support Paid		Total Paid	
Education Tuition		\$5,000.00	
Water		60.00	
Trash		15.00	
Office Use ONLY TOTAL			

Copies of proof of deductions reported must be attached to application.

OFFICE USE ONLY

Total Income	Deductions	Total	F.P.L. %

ATTENDANCE REPORTS

The provider is responsible for completing an attendance report for each payment period. Payment will not be made until the attendance report is received in the office of the Sokaogon Chippewa Economic Support Agency.

Co-payment, and all costs above the maximum rate, is to be paid by the parent. Failure to pay co-payments bi-weekly will result in suspension of CCDF payment. Unauthorized hours of child care utilized will not be paid by this agency.

I AGREE TO INFORM THE TRIBAL AGENCY'S REPRESENTATIVE OF ANY CHANGES THAT WILL AFFECT MY ELIGIBILITY FOR SERVICES. I UNDERSTAND THAT ALL CHANGES MUST BE REPORTED WITHIN 10 DAYS OF THEIR DATE OF OCCURRENCE TO AVOID POSSIBLE FRAUD.

Signature of Applicant

Date

Approved by (Agency representative signature)

Date