VALLEY OAK CHILDRENS SERVICES INCOME WORKSHEET 12-11

In order to complete an enrollment, recertification or update clients must provide proof of all income. ONE OR MORE ITEMS MUST BE MARKED IN EACH SECTION ON THE FRONT SIDE OF THIS FORM.

| TYP | FS | OF | IN | CO | ME |
|-----|----|----|----|----|----|
| | | | | | |

| | Consistent monthly income: Current consecutive one month's worth of pay stubs. | | | | | | | | |
|---|--|---|---|-----------------------|------------------------------|----------|--|--|--|
| • | Fluctuating income: including Self Employment. Pay stubs or other documentation for the previous 12 months are required at the recert appointment. | | | | | | | | |
| | Employment Ver | rification Form | Used. Reminders for missing | pay stubs entered | d. DUE: | | | | |
| CALC | ULATING AVERA | AGE MONTHL | Y INCOME: | | | | | | |
| | Employment Ver | rification – Mu | ıltiply hours per day X rate of ı | oay X days per w | eek X 52 ÷ 12. | | | | |
| | Weekly - Multiply the average pay period amount by 52 and divide by 12. | | | | | | | | |
| | Twice a Month or Semi-Monthly - Add together two consecutive pay-stubs. | | | | | | | | |
| | Every two weeks | ery two weeks or Bi-Weekly - Multiply average pay period amount by 26 and divide by 12. | | | | | | | |
| | | | | | | | | | |
| YTD C | HECK: | | | | | | | | |
| 1150 | | is no more th | an \$300 difference of Past Mo | onth/No PFs -use | Past Month | | | | |
| | YTD average differs from Past Month amount by \$300/mo or more- does not put them at Family Fees-use Past Month & explain difference | | | | | | | | |
| | □ If YTD or Past Month's affects parent fee amounts: Parent Fees will be calculated using the higher amt. **** If the parent provides additional income documentation from the past 12 months you can use the fluctuating chart instead of higher amount, if it would make a difference. | | | | | | | | |
| | Ad | vise parent/12mth _ | Explain | | | | | | |
| Additi | enrollment, re-certific | pport will always cation or as need | be averaged using the prior twelv ed for updates (see chart on back of | form). | | | | | |
| _ | Bonuses, casino/lottery winnings, and other lump sum payments will be divided by twelve and added to the client's income for the upcoming twelve month period. A fluctuating income worksheet will be used (see chart on back of form). | | | | | | | | |
| | Financial Aid will be | based on current | semester and will be divided by 6 m | onths after deduction | ns for fees and tuiti | on. | | | |
| | N/A | | | TOTAL COU | INTABLE INCOME | <u>:</u> | | | |
| INCOM | E INCLUDED | <u>11</u> | ICOME EXCLUDED | Who | What | Amount | | | |
| Wa | ges or Self-Emp. Inco | ome | SSI (List as \$0 in NoHo) | | | | | | |
| SS | A | | Wages of a person receiving SSI | | | | | | |
| | rker's Compensation employment | | Housing Subsidy (List as \$0 in NoHo) Food Stamps (List as \$0 in NoHo) | | | | | | |
| Dis | Disability Veteran's Pensions | | Non-Cash assistance or gifts GI Bill Entitlements | | | | | | |
| Child Support Financial Aid Award (for living exp.) Casino/Lottery Winnings | | Adoption Assistance | Total | \$ | | | | | |
| | | Financial Aid for Books/Tuition Insurance Settlements | Verifie | ed P1 | P2 | | | | |
| | TANF Spousal Support | | Medical/Dental Ins. Included in gross | Hours | per w | k per wk | | | |
| | er | | 9.000 | Family Size #_ | | - | | | |
| SEE INCOME POLICY FOR COMPLETE LIST | | r F | Family Fees PT \$ FT \$ | | | | | | |
| Enrollm | ent Recert | Update | Explanation if needed: | | | | | | |
| Complete | ed By | Checked By | | | | | | | |