

## T.E.A.C.H. Early Childhood® ARKANSAS Family Child Care Program Income Sheet

Name: \_\_\_\_\_ Date \_\_\_\_\_

Name of Child Care Family Home Program: \_\_\_\_\_

This sheet is designed to help you determine your monthly earnings from your FCC program. For each question, use the amount you made or spent for the previous month.

MONTHLY REVENUE			
Amt families pay to you weekly	\$ _____	X 4.33 =	\$ _____
How much was your food program reimbursement last month?	\$ _____		
How much did you receive last month for child care subsidies (vouchers)?	\$ _____		
How much did you receive last month for the ABC (state pre-K) program?	\$ _____		
<b>TOTAL MONTHLY REVENUE:</b>			<b>\$ _____</b>
MONTHLY EXPENSES			
<b>How much did you spend on the following in your family child care home program last month?</b>			
Food	\$ _____	Assistant/Substitute Care	\$ _____
Manipulatives/Loose Parts	\$ _____	Professional Development	\$ _____
Supplies/Materials	\$ _____	Transportation	\$ _____
Other Curriculum	\$ _____	Other:	\$ _____
<b>TOTAL MONTHLY EXPENSES:</b>			<b>\$ _____</b>
<b>MONTHLY REVENUE - (minus) MONTHLY EXPENSES:</b>			<b>\$ _____</b>

<b>Do you have a second job?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete the information below:	
Employer _____	
Hours/Week _____	Gross Earnings: \$ _____
How often are you paid? <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Twice monthly <input type="checkbox"/> Monthly	
Months per year worked: _____	<b>YOUR MONTHLY INCOME \$ _____</b>

T.E.A.C.H. reserves the right to require verification of any income information.

### Have you applied or been approved for any of the following additional financial aid?

<b>PELL Grant</b>	<input type="checkbox"/> Applied	<input type="checkbox"/> Approved	Amount (if known); \$ _____
<b>Student Loan*</b>	<input type="checkbox"/> Applied	<input type="checkbox"/> Approved	Amount (if known); \$ _____
<b>Other Scholarship</b>	<input type="checkbox"/> Applied	<input type="checkbox"/> Approved	Amount (if known); \$ _____