



ARKANSAS

A Program of Arkansas Early Childhood Association

**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?			\$ _____
TOTAL MONTHLY REVENUE:			\$ _____
MONTHLY EXPENSES			
How much did you spend on the following in your family child care home program last month?			
Food	\$ _____	Assistant/Substitute Care	\$ _____
Manipulatives/Loose Parts	\$ _____	Professional Development	\$ _____
Supplies/Materials	\$ _____	Transportation	\$ _____
Other Curriculum	\$ _____	Other:	\$ _____
TOTAL MONTHLY EXPENSES:			\$ _____
MONTHLY REVENUE - (minus) MONTHLY EXPENSES:			\$ _____

Do you have a second job? Yes No If yes, complete the information below:

Employer _____

Hours/Week _____ Gross Earnings: \$ _____

How often are you paid? Weekly Biweekly Twice monthly Monthly

Months per year worked: _____ **YOUR MONTHLY INCOME \$ _____**

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?

- PELL Grant** Applied Approved Amount (if known); \$ _____
- Student Loan*** Applied Approved Amount (if known); \$ _____
- Other Scholarship** Applied Approved Amount (if known); \$ _____