Assessment of Family Cost Participation

(To be completed at the Initial IFSP, Annual IFSP, and any time income/household size changes)

Child Name /Date of Birth	Head of Household	Service Coordinator	Date Completed

This worksheet is used in lieu of maintaining a copy of the family's income documentation in the child's file. The Service Coordinator must enter information in section 1 and 4 below. Section 2 or 3 is completed when applicable.

1: HOUSEHOLD SIZE (required for all families): _____

If tax return is available: **Form 1040** – use line 6d; **Form 1040A** – use line 6d; **Form 1040NR** – use line 7d

If no tax return is available: Use the dependency test

2. INCOME INFORMATION FROM FEDERAL TAX RETURN (if applicable)

Filing Status ☐ Single ☐ Married filing jointly ☐ Head of Household

☐ Married filing separately *(complete two Assessment of FCP worksheets)*

Adjusted Gross Income: _____

Form 1040 – use line 37; **Form 1040A** – use line 21; **Form 1040NR** – use line 34

If another form is used, find the line that states "adjusted gross income."

3. INCOME INFORMATION FROM PAYCHECK STUBS AND/OR OTHER INCOME (if applicable)

A. Earned Income - Employer: _____

- Start date with employer: _____/_____/_____
- Pay period: _____/_____/_____ to _____/_____/_____
- Year-to-date gross amount: $ _____
- Average monthly amount: $_____

To estimate the monthly average, divide the year-to-date total by the number of months included.

B. Other Income, including Earned or Unearned Income

- Source: _____
- Amount: $ _____
- Frequency: ☐ Weekly ☐ Monthly ☐ Annual ☐ Other: _____

TOTAL INCOME (A + B): Average annual amount: $_____ (This is the estimated AGI)

4. PARENT SIGNATURE (required for all families)

☐ I attest the financial information stated above is an accurate representation of my current income.

OR

☐ I decline to provide my financial information. I understand this will result in an increased monthly fee.

OR

☐ I attest the First Steps child/family has Medicaid, SSI, Food Stamps, or the First Steps child is in foster care.

Parent Name: _____ **Date:** _____/_____/_____

Print ***Signature***