

## PDG FY25 Child/Family Application

Child's Name: \_\_\_\_\_ Date of Birth : \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

Child Ethnicity (Please check):  American Indian or Alaskan Native  Asian  Black or African American

Hispanic/ Latino  Native Hawaiian/ Other Pacific Islander  White, not Hispanic  Two or more races

Total number of adults in the household: \_\_\_\_\_ Total number of children in the household: \_\_\_\_\_

Include the **accurate** total calculations of Gross Income for the most recent month for each adult in household (please fill out all sources that apply). If yearly income is \$0, attach a written statement describing the circumstances. If more than two adults, please use additional forms.

Name (Adult #1): \_\_\_\_\_

Name (Adult #2): \_\_\_\_\_

Select income type listed below:

Weekly  Bi-Weekly  Monthly  Yearly

Select income type listed below:

Weekly  Bi-Weekly  Monthly  Yearly

\_\_\_\_\_ Wages from paid employment

\_\_\_\_\_ Child support payments

\_\_\_\_\_ Spousal maintenance (alimony)

\_\_\_\_\_ Government payments

\_\_\_\_\_ Unemployment payments

\_\_\_\_\_ Other:

\_\_\_\_\_ Wages from paid employment

\_\_\_\_\_ Child support payments

\_\_\_\_\_ Spousal maintenance (alimony)

\_\_\_\_\_ Government payments

\_\_\_\_\_ Unemployment payments

\_\_\_\_\_ Other:

\_\_\_\_\_ TOTAL Income Adult #1

\_\_\_\_\_ TOTAL Income Adult #2

TOTAL HOUSEHOLD INCOME: \_\_\_\_\_

2024 % Annual Federal Poverty Guidelines			
Persons in Family/ Household	100% Annual FPL	200% Annual FPL	300% Annual FPL
1	\$15,060	\$30,120	\$45,180
2	\$20,440	\$40,880	\$61,320
3	\$25,820	\$51,640	\$77,460
4	\$31,200	\$62,400	\$93,600
5	\$36,580	\$73,160	\$109,740
6	\$41,960	\$83,920	\$125,880
7	\$47,340	\$94,680	\$142,020
8	\$52,720	\$105,440	\$158,160
For each additional add	\$5,380	\$10,760	\$16,140

**Declarative Statement:** I affirm that the above information is true and correct to the best of my knowledge. I understand that my personal information contained on this application will be made available to the Preschool Development Grant funding source.

**Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Relationship to Child:** \_\_\_\_\_

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*Please do not fill out below this line. To be completed by PDG Program/Provider only.*

***For Completion by Provider:***

- All items in application are completed.
- Family income verified.
- Specify documents used to verify income (i.e. W-9 forms, paytsubs, etc.):  
\_\_\_\_\_
- Child citizenship/legal residency verified.
- Child's age verified
- Date: \_\_\_\_\_
- Initials: \_\_\_\_\_