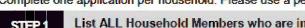
## Early Start Columbus Income Verification Form for Children Unrolled in Funding Calegory U

Complete one application per household. Please use a pen (not a pencil).



Printed name of adult completing the form

List ALL Household Members who are infants, children, and students up to and including grade 12 (if more space is required, attach another sheet of paper)

	↑ Child's First Name			Childle	Last Name													ident?			His
Definition of Household Member: Anyone who is Iving with you and Chares income and expenses, even if not related.	Cilila S First Mallie		MI T	Ciliust	Last Name			ТТ	-	-	1	П	_	1 1	-1		Yes	No	) 	Child	Ru
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P2 Do an	y Househo <mark>ld Members (including</mark> y	ou) currently parti	icipate in	one or m	nore of the	follo	wing a	essist	tanc	e pi	ogra	ams:	SNA	P, T	ANF	, PF	CC?	Circle	one:	Yes	11
> Go to STE	P 3. If YES > Write a case numb	er here then so t	o STEP	4 (Do not	complet	e STF	P 31		Case	. Ni	ımh	ar. [									_
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	_ A. Child Income													-	00						
	1								C	thild In	come			T	W Off	_					
	Sometimes children in the household earn i listed in STEP 1 here.	ncome. Please include the	e TOTAL in	come eamed l	by all child Ho	usehold	Member	rs	. [			1	Week	y BI-We	ekly 2	Month	Monthly				
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Signature of adult completing the form

Today's date