

YOU ONLY NEED TO FILL OUT THE FOLLOWING FORM IF YOU ARE SEEKING A LOWER MONTHLY FEE.

2 PERSON HOUSEHOLD

	FROM	TO	PER CHILD/MONTH
MONTHLY INCOME	\$0.00	\$593.00	\$40.00
MONTHLY INCOME	\$594.00	\$802.00	\$50.00
MONTHLY INCOME	\$803.00	\$1,085.00	\$64.00
MONTHLY INCOME	\$1,086.00	\$1,467.00	\$80.00
MONTHLY INCOME	\$1,468.00	\$1,983.00	\$100.00
MONTHLY INCOME	\$1,984.00	UP	\$125.00

4 PERSON HOUSEHOLD


	FROM	TO	PER CHILD/MONTH
MONTHLY INCOME	\$0.00	\$900.00	\$40.00
MONTHLY INCOME	\$901.00	\$1,217.00	\$50.00
MONTHLY INCOME	\$1,218.00	\$1,645.00	\$64.00
MONTHLY INCOME	\$1,646.00	\$2,224.00	\$80.00
MONTHLY INCOME	\$2,225.00	\$3,006.00	\$100.00
MONTHLY INCOME	\$3,007.00	UP	\$125.00

3 PERSON HOUSEHOLD

	FROM	TO	PER CHILD/MONTH
MONTHLY INCOME	\$0.00	\$747.00	\$40.00
MONTHLY INCOME	\$748.00	\$1,010.00	\$50.00
MONTHLY INCOME	\$1,011.00	\$1,365.00	\$64.00
MONTHLY INCOME	\$1,366.00	\$1,845.00	\$80.00
MONTHLY INCOME	\$1,846.00	\$2,494.00	\$100.00
MONTHLY INCOME	\$2,495.00	UP	\$125.00

5 PERSON HOUSEHOLD

	FROM	TO	PER CHILD/MONTH
MONTHLY INCOME	\$0.00	\$1,053.00	\$40.00
MONTHLY INCOME	\$1,054.00	\$1,424.00	\$50.00
MONTHLY INCOME	\$1,425.00	\$1,925.00	\$64.00
MONTHLY INCOME	\$1,926.00	\$2,602.00	\$80.00
MONTHLY INCOME	\$2,603.00	\$2,517.00	\$100.00
MONTHLY INCOME	\$3,518.00	UP	\$125.00


ECS Extended School Program
East Side / Harold McCormick / West Side
 Jordan Carder – Program Coordinator 423-547-8000 ext. 2012

Attention: This form must be signed by your employer before submitting to ESP.

Employee's Name: _____

I authorize my employer to release the following information to Elizabethton City Schools Extended School Program (E.S.P). I understand this form is for eligibility purposes and that I will be asked to submit additional proof of my income with my next Redetermination. I understand that E.S.P. may need to verify this information or contact the employer by phone.

Employee's Signature: _____ Date: _____

TO BE FILLED OUT BY EMPLOYER:

Name of business (if applicable): _____

Type of business or work performed: _____

Name of business owner or employer: _____

Business address: _____

Business phone: () _____

Start date of current employment: _____

Actual—or average—number of hours worked by the employee **per week**:

The employee is paid by (check one): Cash Payroll check Other (please specify):

The employee is paid (check one): Weekly Biweekly Semi-monthly Monthly

The employee receives a gross amount of \$ _____ per pay period. (If amount varies, please give average amount.)

The employee's gross **hourly** wage: \$ _____ per hour

The employee receives **tips or commissions** in this estimated amount: \$ _____ per week

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:	AM	AM	AM	AM	AM	AM	AM
	PM	PM	PM	PM	PM	PM	PM
To:	AM	AM	AM	AM	AM	AM	AM
	PM	PM	PM	PM	PM	PM	PM

Please give the employee's typical work schedule. (Circle either "a.m." or "p.m." in each applicable box.)

I verify that the above information is true and correct to the best of my knowledge.

Employer's Name (Please Print): _____ Date: _____

Employer's Signature: _____ Phone: _____

**Please return this form with a copy of your most recent paycheck stub to
 E.S.P. prior to the start date of your child.**