

ESP Sliding Scale Fee Schedule (Adjusted to \$50/week max)

Based on household size and monthly income. Each rate reflects per child per month.

2 Person Household

Monthly Income Range	Monthly Fee (per child)	Weekly Equivalent
\$0 – \$593	\$64	\$16
\$594 – \$802	\$80	\$20
\$803 – \$1,085	\$102	\$25
\$1,086 – \$1,467	\$128	\$32
\$1,468 – \$1,983	\$160	\$40
\$1,984 and up	\$200	\$50

3 Person Household

Monthly Income Range	Monthly Fee (per child)	Weekly Equivalent
\$0 – \$747	\$64	\$16
\$748 – \$1,010	\$80	\$20
\$1,011 – \$1,365	\$102	\$25
\$1,366 – \$1,845	\$128	\$32
\$1,846 – \$2,494	\$160	\$40
\$2,495 and up	\$200	\$50

4 Person Household

Monthly Income Range	Monthly Fee (per child)	Weekly Equivalent
\$0 – \$900	\$64	\$16
\$901 – \$1,217	\$80	\$20
\$1,218 – \$1,645	\$102	\$25
\$1,646 – \$2,224	\$128	\$32
\$2,225 – \$3,006	\$160	\$40
\$3,007 and up	\$200	\$50

5 Person Household

Monthly Income Range	Monthly Fee (per child)	Weekly Equivalent
\$0 – \$1,053	\$64	\$16
\$1,054 – \$1,424	\$80	\$20
\$1,425 – \$1,925	\$102	\$25
\$1,926 – \$2,602	\$128	\$32
\$2,603 – \$3,517	\$160	\$40
\$3,518 and up	\$200	\$50


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.**