

**MONTHLY INCOME AND ALLOWABLE EXPENSES WORKSHEET  
TO CALCULATE CURRENT INCOME**

**PART I**

This form is used for calculating Current Monthly Income for Financial Hardship or to determine Parent Contribution if the parent refuses access to their private health care coverage for early intervention services on their child's Individualized Family Service Plan (IFSP).

Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

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

Family Resources Coordinator: \_\_\_\_\_

Local Lead Agency or Service Provider: \_\_\_\_\_

**PART II**

COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4
<b>Average Gross Monthly Income</b>	1 <sup>st</sup> Wage Earner	2 <sup>nd</sup> Wage Earner	TOTAL
1. Salaries/wages (Gross income before deductions)	\$		\$
2. Public Assistance Grant			
3. Unemployment compensation			
4. Disability income (permanent)			
5. Child support/alimony			
6. Other			
<b>7. Total (Lines 1 thru 6)</b> If not military, go to line 8.	\$		\$
<b>FOR MILITARY PERSONNEL ONLY</b>	<b>XXXXXXXXXX</b>	<b>XXXXXXXXXX</b>	<b>TOTAL</b>
A. Base Pay (earned income)			
B. Allowances (unearned income)			
<b>C. Total (Lines A and B)</b> Go to line 8.			
Note: Wage statements or federal income tax forms may be required to verify income. If gross monthly income cannot be determined or is variable (seasonal), current income will be the adjusted gross income from the last Federal Income Tax return divided by 12.			