

This sheet helps us determine your monthly earnings from your child care home. Use figures from last month to answer each question. If last month does not reflect an average month, use the most recent month which does. **Receipts are not required, but you must sign where indicated to verify its accuracy. This is a two-page document. Please complete both pages.**

- To show your INCOME, please complete the following chart. You do not need to list the children's names, but you must indicate how much you receive for the care of each child in your home.
- Under "Parent Fees," list only the amount paid to you by the parent(s) of each child. Is this a weekly or monthly payment? Circle the correct pay period.
- If subsidy helps pay the cost of care, write the amount you receive in subsidy for each child in the appropriate box.
- What time does each child typically arrive and when does s/he leave? Please list the typical days and hours each child attends your program in the final box. All part-time and full-time children should be listed here.
- List income from drop-in care and the food program below the chart. If you provide shift care and need more space, please write the additional information on a separate sheet and sign your name to verify accuracy.

**Income worksheet**

Children in Care	Parent Fees Received for Each Child <i>(do NOT include subsidy here)</i>	Subsidy Received for Each Child <i>(if applicable)</i>	Ages of children	Typical Days and Hours of Care for Each Child <i>(list days &amp; arrival/departure times)</i>
Example	\$ <u>100</u> per <u>week</u> / month <i>circle one</i>	\$ <u>0</u> per month	4	Mon - Fri 8am - 5pm
Example	\$ <u>200</u> per week / <u>month</u> <i>circle one</i>	\$ <u>233</u> per month	6 months	Mon - Fri 10am - 6pm
Child 1	\$ _____ per week / month <i>circle one</i>	\$ _____ per month		
Child 2	\$ _____ per week / month <i>circle one</i>	\$ _____ per month		
Child 3	\$ _____ per week / month <i>circle one</i>	\$ _____ per month		
Child 4	\$ _____ per week / month <i>circle one</i>	\$ _____ per month		
Child 5	\$ _____ per week / month <i>circle one</i>	\$ _____ per month		
Child 6	\$ _____ per week / month <i>circle one</i>	\$ _____ per month		
Child 7	\$ _____ per week / month <i>circle one</i>	\$ _____ per month		
Child 8	\$ _____ per week / month <i>circle one</i>	\$ _____ per month		
Child 9	\$ _____ per week / month <i>circle one</i>	\$ _____ per month		
Child 10	\$ _____ per week / month <i>circle one</i>	\$ _____ per month		

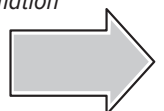
**Drop-in care:** I average \$ \_\_\_\_\_ per week / per month (circle one) from drop-in care.

**Food program:** I received \$ \_\_\_\_\_ last month from the Child & Adult Care Food Program.

**How many hours do you work a week?** \_\_\_\_\_

Print name \_\_\_\_\_ Social Security # XXX-XX-\_\_\_\_\_

Please turn this worksheet over to provide information on expenses.



**Expenses**

Based on the children listed on the opposite side, how much do you spend in your home program ON AVERAGE each month in the following categories? The amounts you claim as expenses will be used to determine your hourly rate. Any item listed in the "other" category must be identified to be included in the calculation.

**Expenses worksheet**

1	<b>Food</b>	<i>monthly average</i>
2	<b>Toys</b>	<i>monthly average</i>
3	<b>Assistant/substitute care</b>	<i>monthly average</i>
4	<b>Crafts/supplies</b>	<i>monthly average</i>
5	<b>Transportation for business</b> (\$.575 per mile). Multiply number of miles by \$.575.	<i>monthly average</i>
6	<b>Training fees</b>	<i>monthly average</i>
7	<b>Gifts for children/families</b>	<i>monthly average</i>
8	<b>Other, not including housing expenses</b> (Please specify: _____)	<i>monthly average</i>

The information provided on both sides of this document is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name

\_\_\_\_\_  
County of employment

XXX-XX-\_\_\_\_\_  
Last four digits of your Social Security number



Return form to:  
**WAGES and AWARDS**  
Child Care Services Association  
PO Box 901  
Chapel Hill, NC 27514

Phone: 919-967-3272  
Fax: 919-967-2945  
[www.childcareservices.org](http://www.childcareservices.org)



**To be completed by Program Counselor:**

Total monthly income: \_\_\_\_\_

Expenses (Line 9): \_\_\_\_\_

Gross monthly earnings: \_\_\_\_\_

