

INCENTIVE\$ Family Home Provider Monthly Income Worksheet

This sheet helps us determine your monthly earnings from your family 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 that does.** You must sign this document to verify its accuracy. Monthly expenses are recorded on the reverse of this form.

To show your INCOME, please complete the following form. 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 childcare subsidy or VPK reimbursement help pay the cost of care, write the amount you receive in subsidy and/or VPK for each child in the appropriate box. All part-time and full-time children should be listed here. List income from drop-in care and the food subsidy 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.

Age of Child	Children in Care	PARENT FEES Received for Each Child (Do NOT Include Subsidy)	MONTHLY CHILDCARE SUBSIDY Received for Each Child (If Applicable)	MONTHLY VPK REIMBURSEMENT Received for Each Child (If Applicable)
	Child 1	\$ _____ per week / per month <i>(circle one)</i>	\$ _____ per month	\$ _____ per month
	Child 2	\$ _____ per week / per month <i>(circle one)</i>	\$ _____ per month	\$ _____ per month
	Child 3	\$ _____ per week / per month <i>(circle one)</i>	\$ _____ per month	\$ _____ per month
	Child 4	\$ _____ per week / per month <i>(circle one)</i>	\$ _____ per month	\$ _____ per month
	Child 5	\$ _____ per week / per month <i>(circle one)</i>	\$ _____ per month	\$ _____ per month
	Child 6	\$ _____ per week / per month <i>(circle one)</i>	\$ _____ per month	\$ _____ per month
	Child 7	\$ _____ per week / per month <i>(circle one)</i>	\$ _____ per month	\$ _____ per month
	Child 8	\$ _____ per week / per month <i>(circle one)</i>	\$ _____ per month	\$ _____ per month
	Child 9	\$ _____ per week / per month <i>(circle one)</i>	\$ _____ per month	\$ _____ per month
	Child 10	\$ _____ per week / per month <i>(circle one)</i>	\$ _____ per month	\$ _____ per month
To be completed by Counselor				

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

Food Program: I received \$ _____ last month from the food subsidy program. _____

How many hours a day is your home open? _____ How many days a week is your home open? _____

There are 52 weeks in a year. How many weeks each year do you offer care in your home? _____

<i>To be completed by Project Counselor:</i>	Total monthly income:	\$
--	------------------------------	-----------

(Please turn the worksheet over to complete the form on the reverse)

INCENTIVE\$ Family Home Provider Monthly Expense Worksheet

Instructions: For income, use the amount you made **last** month. For expenses, use the amount you spend in an **average** month. **Do not include cents.** Use a pencil

Food - food, snacks, formula (total spent per month) <input type="checkbox"/> check if parents supply any food	\$	
Toys, games, children's books (average amount spent per month)		
Assistant / Substitute Care (yearly total divided by 12 months)		
Crafts / Supplies (average amount spent per month)		
Transportation for Business (44.5¢ per mile) (multiply _____ total miles x .445)		
Workshops, Training, Tuition Fees, CPR, etc. (yearly total divided by 12 months)		
Gifts for Children and their Families / Parties (average amount spent per month)		
Business telephone (cell or separate phone number for business only -- monthly)		
Business liability insurance (yearly total divided by 12 months)		
Other (e.g., ads, curriculum, etc. - specify _____) (average amount spent per month) Do NOT include housing expenses		
Total Monthly Expenses	\$	

<i>To be completed by Project Counselor:</i>		
$\begin{array}{r} \$ \underline{\hspace{2cm}} \\ \text{Total Monthly Income} \end{array} - \begin{array}{r} \underline{\hspace{2cm}} \\ \text{Total Monthly Expenses} \end{array} =$	$\begin{array}{r} \$ \underline{\hspace{2cm}} \\ \text{Gross Monthly Earnings} \end{array}$	
$\begin{array}{r} \underline{\hspace{1cm}} \\ \text{Hours / day} \end{array} \times \begin{array}{r} \underline{\hspace{1cm}} \\ \text{Days / week} \end{array} = \begin{array}{r} \underline{\hspace{1cm}} \\ \text{Hours / week} \end{array} \times \begin{array}{r} \underline{\hspace{1cm}} \\ \text{Weeks / year} \end{array} = \begin{array}{r} \underline{\hspace{1cm}} \\ \text{Hours / year} \end{array}$	$\begin{array}{r} \$ \underline{\hspace{2cm}} \\ \text{Hourly rate} \end{array}$	$\begin{array}{r} \$ \underline{\hspace{2cm}} \\ \text{Gross Yearly Earnings} \end{array}$

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

_____ Signature _____ Date _____

_____ Printed Name _____ County of Employment _____

Contact phone number(s): Business () _____ Home or cell () _____

Please Return online or by mail to:

1650 Summit Lake Drive, Suite 210
Tallahassee, FL 32317
Ph: (850) 487-6300

Email: incentivesquestions@thechildrensforum.com

CF Business Account Upload: <https://login.thechildrensforum.com>

Rev. 12/27/23

(Over, please)

