Self-Reported Income Documentation

Families will complete this form when they are unwilling to provide documentation of income, which is used to prioritize a child's eligibility for the Great Start Readiness Program (GSRP). It is encouraged and preferred that families provide documentation rather than complete this form.

Families choosing not to provide income documentation must not be enrolled until utilizing the reserved percentage of funds for families with incomes exceeding 400% federal poverty level (FPL), regardless of the income range self-reported on this form.

It is important for families to know that if they choose to complete this form instead of providing documentation of income, their child will be prioritized last in receiving a placement in a GSRP classroom.

It is a legislative requirement GSRP collect and report income levels of all participating families, however, personally identifiable information is kept confidential and never shared.

Child's Name

_____

Child's Date of Birth

_____

Address (street, apt. #, city, zip code)

_____

Please select any benefits you, your child, or other household members receive:

☐SNAP/Food Benefits

☐SSI

☐Cash Assistance

☐None

How many people live in your household (including all children and adults that are supported by income and/or benefits)?

_____

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Please list the names of person in your household. For any children 17 and under, please also include Date of Birth.

Name	Date of Birth

Please select your household annual income based on your best guess.

☐$0-30,000

☐$31,000-60,000

☐$61,000-90,000

☐$91,000-120,000

☐$121,000-150,000

☐$150,000+

For GSRP Program Staff Use Only

Using the information provided in this form and to the best of your ability, please indicate the Federal Poverty Level (FPL) according to the Great Start Readiness Program (GSRP) FY 2025 Income Eligibility Guidelines or an FPL calculator. Use the lowest end of the income range when calculating the FPL.

_____**%**

I hereby affirm the information provided in this form are true to the best of my knowledge and belief.

Family Signature: _____**Date:** _____

GSRP Staff Witness: _____ **Date:** _____

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