**Sliding Scale for families demonstrating the need for assistance**

|  |  |  |
| --- | --- | --- |
| Family Size | Maximum Annual Income  | Percentage of Discount on Standard Cost |
| Two | $42,00-58,000 | 10% discount |
| Three | $58,000-$70,800 | 15% discount |
| Four | $70,800-82,000 | 20% discount |
| Five | $82,000-$95,000 | 25% discount |

1. Families who make less than the minimum range of the Maxium Household Income range for each family size noted above will likely qualify for either WDI or DSS childcare subsidy and can contact your county Department of Social Services and inquire about applying for assistance.
2. Families who expect to receive assistance through TSL need to fill out TSL’s Eligibility Form and return it with accurate information
3. Income eligibility forms must be submitted twice per year. Once for the September-June programs and then again prior to the summer camp programs if applicable
4. Families who do not pay the eligible costs consistently may lose their discounted rate
5. Families found to untruthfully be reporting family income will lose discounted rates
6. Families who have a substantial change in income while receiving assistance should notify TSL
7. Families receiving assistance still need to be compliant with TSL’s general Terms of Service for all enrollments
8. Standard costs will apply for pay in advance programs such as single days of care or vacation camps

Eligibiliy Form for Discounted Rate

I am a family of how many? Count yourself, spouse if applicable, and dependent children.\_\_\_\_\_

Print the name of the children enrolled in the childcare program.

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List the location where services are provided. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List all household members below. Include yourself and all adults and children NOT listed above, even if they do not receive income. Then list all income received **last month** in your household in the column to the right. Gross income includes earnings from work, pensions, retirement, Social Security, child support, foster child’s personal income and any other sources of income.

|  |  |
| --- | --- |
| Household Member Name | Monthly Gross Salary |

|  |  |
| --- | --- |
| 1 | $ |
| 2 | $ |
| 3 | $ |
| 4 | $ |
| 5 | $ |
| 6 | $ |

Monthly Gross Salary

**An adult household member must sign the application before it can be approved.** After. Reading the following statement and the statement on the back, sign below.

I certify that the above information is true and that all income is reported.

*Signature*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_-

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_