

**Kinship Care Subsidy Program
Budget Worksheet**

Name: _____

ID#: _____

Child's Income Test

The child meets income requirement if the child's total income is less than \$450.

KCSP Children	Income	Source	Eligible?
	\$		Yes <input type="checkbox"/> No <input type="checkbox"/>
	\$		Yes <input type="checkbox"/> No <input type="checkbox"/>
	\$		Yes <input type="checkbox"/> No <input type="checkbox"/>
	\$		Yes <input type="checkbox"/> No <input type="checkbox"/>
Other Family Members	Income	Source	
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
Total Family Income	\$		

Family Income Test:

Grant Amount:

150% of Poverty Level for _____ is \$ _____ \$450 X _____ = \$ _____
(# of eligible children)

Eligible: ☐ Yes ☐ No

Computations:

Agency Representative

Date