

Help Me Grow Income Verification Form

I verify the documentation provided is factual to the best of my knowledge. I am aware that the information will be shared between Help Me Grow and the Ohio Department of Jobs and Family Services.

Participant's Signature

Participant's Name (Please Print) _____/_____/_____
Date

The above named participant is the Primary Caregiver/Legal Guardian of (only list children receiving HMG):

Child's Name #1 (Please Print) _____/_____/_____
Child's DOB #1

Child's Name #2 (Please Print) _____/_____/_____
Child's DOB #2

The Service Coordinator/Home Visitor's signature below verifies that this family's income is:

Under 200% of poverty

(Check if family falls in the income category for the # of persons in household as shown in the grid below)

Family Income Level - Please ✓ the family's income category

(Ex. If 3 persons in household with an income of \$25,000 annually, check the B income category. If 3 persons in household with an income of \$40,000 annually, check Over 200% of poverty in section below.)

	✓	Monthly	Annually	# of Persons in Household
A		\$0 - \$2,428	\$0 - \$29,140	2
B		\$0 - \$3,052	\$0 - \$36,620	3
C		\$0 - \$3,675	\$0 - \$44,100	4
D		\$0 - \$4,298	\$0 - \$51,580	5
E		\$0 - \$4,922	\$0 - \$59,060	6
F		\$0 - \$5,545	\$0 - \$66,540	7
G		\$0 - \$6,168	\$0 - \$74,020	8

If Under 200% of Poverty - Check all verification methods that apply and include ID#s if applicable

- | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Verified 2 check stubs
<input type="checkbox"/> Copy of 2 check stubs on file
<input type="checkbox"/> Child Support Enforcement Agency Statement
<input type="checkbox"/> Medicaid/CareSource - ID # _____
<input type="checkbox"/> No Income | <input type="checkbox"/> Employment Statement
<input type="checkbox"/> Social Security Income Award Letter
<input type="checkbox"/> WIC – ID # _____
<input type="checkbox"/> OWF – ID # _____
<input type="checkbox"/> Other _____ |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Over 200% of poverty

(Check if family does NOT fall in the income category for the # of persons in household as shown in the grid above)

HMG Service Coordinator/Home Visitor's Signature

HMG Service Coordinator/Home Visitor's Name (Please Print) _____/_____/_____
Date