

March 23, 2011

Regional Centers

Greater Nashua
27 Burke Street
Nashua, NH 03060
603 882 8256

Capital
1 White Park
Green St. Grmly Ctr.
Concord, NH 03301
603 223 0087

Greater Manchester
340 Verney St.
Manchester, NH 03102
603 623 1117

Seacoast
63 South Main Street
Rochester, NH 03887
603 330 9992

Girls Incorporated
of Southern Maine
Portland Girls' Center
105 Allen Ave.
Portland, ME 04103
800 775 9372

Dear Parents,

We have many fun and exciting themes and activities for your daughter this summer! Themes include "Project Runway" (fashion design), "Globe Trotting" (exploring other cultures) and "Lights, Camera, Action!" (talent and drama). We know the girls are going to have an outstanding experience at Girls Incorporated of New Hampshire this summer!

We do have a couple of important changes that we need to tell you about.

- In October of 2010 we changed our registration fee from \$5 to \$25. Parents enrolling for the summer will need to pay \$25 to enroll their daughter for the summer.
- We will begin requiring parents to supply either a credit card or a checking account number for automatic weekly withdrawals for Summer Camp fees. Parents who do not want to give this information will need to pay for the entire summer before the first day of Camp.

We are working with banks to assist our families in setting up checking accounts so this change will be as easy as possible.

We continue to offer financial aid to parents who qualify based on our sliding fee schedule. Please speak with the Director to learn about the information needed to qualify.

Thank you,


Jennifer Indeglia

Chief Operating Officer



A United Way Agency

Where girls *achieve* their personal best
www.girlsincnewhampshire.org

Inspiring all girls
to be strong,
smart, and bold.SM

Girls Incorporated of New Hampshire
2011 Weekly Themes

Week One
6/27- 7/1

"I am Strong, Smart and Bold"

Learn what it means to be a Girls Inc Girl! Get to know each other, scavenger hunts, friendship bracelets and begin summer journals!

Week Two
7/4 – 7/8

"Project Runway" We will be closed Monday, July 4th

A glimpse into the ever changing world of the fashion industry. Girls will design , create a piece of fashion and walk the runway!

Week Three
7/11 – 7/15

"Globe Trotting!"

Make your own passport and explore the world! Try new foods from around the globe and even learn new games to play!

Week Four
7/18 – 7/22

"Watching Her Change the World"

Our girls will turn into inventors this week! We will have a fair at the end of the week to showcase our inventions!

Week Five
7/25- 7/29

"Girlympics"

Challenge yourselves and your friends to try new activities and work as a Team! Olympic Day will be busy and exciting!

Week Six
8/1 – 8/5

"Lights, Camera, Action"

If you see yourself as the next American Idol or dance champ, this is the week for you! Take part in the fun filled week with dancing, singing and showcasing our many other amazing talents!

Week Seven
8/8 – 8/12

"Oh, the Places She Will Go!"

Explore all different kinds of careers! Learn the education needed for various fields and join us at the Girls Inc job fair!

Week Eight
8/15- 8/19

"Girls Go Green!"

Let's go green and learn about recycling and how to take care of the environment. Create art from things we find outside and make your own environmentally friendly products!

Week Nine
8/22- 8/26

"Welcome to the Big Top!"

Let's end the Summer with carnival games, face painting and an ice Cream party!

www.girlsincnewhampshire.org

GIRLS INCORPORATED

of NEW HAMPSHIRE



2011 SUMMER CAMP APPLICATION

OFFICE USE ONLY
WEEKLY FEE: _____
CACFP: _____
REGION: _____

DATE OF ENROLLMENT: _____

NAME: LAST	FIRST	DOB	AGE
STREET	CITY/TOWN	STATE	ZIP
HOME #			
MOTHER'S/GUARDIAN NAME		FATHER'S/GUARDIAN NAME	
EMPLOYER		EMPLOYER	
HOME ADDRESS		HOME ADDRESS	
WORK #	CELL #	WORK #	CELL #

CONSENTS

I authorize **GIRLS INCORPORATED** to contact the following person(s) who will assume responsibility for my child in the event I can not be reached immediately in an emergency:

Name: _____ Tele: _____

Name: _____ Tele: _____

I authorize **GIRLS INCORPORATED** to release my child to the following individuals other than parent or guardian:

Name: _____ Tele: _____

Name: _____ Tele: _____

I authorize Girls Incorporated staff to administer basic and temporary first aid to my child if necessary. In the event of a serious injury I give Girls Inc. permission to transport my child to a hospital or other emergency facility to receive emergency medical treatment. I also authorize ambulance/rescue squad attendants to administer such treatment as is medically necessary and I authorize licensed health practitioners working in the hospital or emergency medical facility to examine and provide emergency medical treatment to my child if warranted. I understand that I will be contacted by Girls Inc. personnel as soon as possible regarding any emergency involving my child.

Yes ___ No ___

I give my child permission to attend local outings as part of the daily activities of Girls Incorporated program. (Park, playground, library, etc.) I understand that this information will be posted the day before the outing.

Yes ___ No ___

I authorize Girls Incorporated to publish my child's name and photograph in the newspaper, newsletter, web page or other promotional publications.

Yes ___ No ___

PARENT SIGNATURE
Parent/guardian Email Address: _____

DATE

Girls Inc may send emails about upcoming events, registration information, etc, to keep parents informed. We will not sell your information or use it for anything other than Girls Inc business.

MEDICAL INFORMATION

Any chronic conditions, allergies or medications that could be important in case of sudden illness or injury:

CHILD'S PHYSICIAN _____ PHONE: _____

2011 SUMMER ENROLLMENT

To enroll your child in our Summer Camp, please check off the weeks that you are requesting. Please be aware that you will be charged for these weeks regardless if your child attends or not. We **must** be notified in writing two weeks prior to withdraw your child to avoid being charged.

Tuition: \$150 a week is our full time rate, however we accept New Hampshire Child Care Scholarship and use a sliding fee scale to determine a weekly fee for each family. Income eligible applicants must complete a financial aid form and attach all required documents.

_____ Week One	_____ Week Five	_____ Week Nine
_____ Week Two	_____ Week Six	
_____ Week Three	_____ Week Seven	
_____ Week Four	_____ Week Eight	

WEEKLY FEE: _____

HOURS of care needed: _____

Camp ends on Friday, August 26, 2011

To secure enrollment, please return this completed application and payment authorization form, including a copy of a credit card or voided check with your \$25 processing fee.

I understand that the processing fee is non-refundable. Completion of the payment authorization form is required unless total summer camp fees are paid in full by cash or check prior to the first day of camp. I further understand that my child is not fully enrolled and may not attend until my child's physician has completed a medical form, and I have completed an emergency card and payment authorization form.

Parent/Guardian Signature

Date

Registration Information

Registration may be made in person or by mail for the Summer Programs at Girls Incorporated in Nashua, Concord, Manchester and Rochester. A non-refundable \$25.00 processing fee and completed payment authorization form, including a copy of a credit card or voided check is required for participation.

Space is limited.

Financial Assistance

Financial assistance is available to families who qualify. Eligibility is based on financial need and will require proof of income and completion of a Financial Aid Form (in. Girls Incorporated will notify parents if/when they are approved for assistance. *Those who may qualify for Title XX assistance will be required to complete additional State forms and provide the Center with employer pay-stubs, child support verification, etc. All necessary paperwork must be completed prior to enrollment.*

Late pick-up fees

Any families with late pick-ups will be charged \$5.00 for every 15 minutes late, per child. Excessive late arrivals may result in termination from the program. This fee is required at the time of pick up. This policy also applies to our **9am to 3pm camp hours**. Arrival before 9am or pick up after 3pm will be charged this fee.

Returned Check Fee

Girls Inc. policy states that there is a \$40 returned check/EFT fee. This fee will be automatically charged to your account plus the amount of the returned check/EFT.

Health Forms

The State of New Hampshire requires that all campers have a completed health form on file with the camp office prior to attending the program. This form requires all immunization dates and a physical exam with a physician's signature within two years prior to attending camp. **Health forms are due no later than the Wednesday before the child begins the program.** A copy of the school health form including immunizations, if current, is acceptable.

Licensing statement

The licensing authority for this program is the bureau of licensing and certification, child care licensing unit. Child care programs are required to post a copy of the statement of findings and corrective action plan for the most recent visit in a location which is accessible to parents, and must maintain copies of the statement of findings and corrective action plan for the preceding visit and make them available for parents to review upon request. Statements of findings and corrective action plans are also available on-line at <http://childcaresearch.dhhs.nh.gov> or by calling the bureau at 603-271-4624 or 1-800-852-3345, extension 4624; and during licensing, monitoring, and complaint investigation visits to licensed programs the department shall speak with children regarding the care they receive at the program if in the judgment of the licensing specialist the children's response would be valuable in determining compliance with licensing rules. Licensing staff are experienced in working with children and trained to interview in a manner that is respectful and non-leading. However, if you do not want your child interviewed, or if you wish to be informed prior to your child being interviewed you must give the family child care provider, center director, site director or designee, and update annually, a signed dated statement indicating your preference.

I have read and fully understand the above policies.

Parent/Guardian signature

Date

Payment Authorization Form

I hereby authorize Girls Inc. of NH to initiate credit entries and if necessary, to initiate any debit entries to correct erroneous credit entries to my (our) accounts indicated below and the financial institution indicated below. This authority is to remain in full force and effect until Girls Inc. of NH has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Girls Inc. of NH and depository a reasonable opportunity to act on it.

Last Name _____

First _____

Middle Initial _____

Address _____

Address (cont.) _____

City, State & Zip code _____

Phone No. _____

Email Address _____

Circle One: MC / VISA / Checking / Savings

Card No. _____

Expiration Date _____

3-digit Security Code _____

OR _____

Bank Name _____

Bank Address _____

City, State & Zip code _____

Routing Number _____

Account Number _____

Billing Cycle (Circle) Weekly (SC) / Monthly (AS)

Amount per Cycle _____

Start Date _____

Signature _____

Copy of credit card attached or VOIDED check attached (check)

Statistical Information

This information is optional but it is very important for our funding sources and will help us to identify services that you are not currently receiving, but for which you may be eligible. Any information that you provide Girls Inc. of New Hampshire will be kept confidential. Your cooperation is appreciated.

Family Information

Parent Age: Under 18 19-25 26-32 33-39 40-50

Over 50

Number in Household: 1-3 4-5 6 or more unknown

Family Configuration (living with): 2 parents Mother only Father only

Step parent Foster Grandparent Guardian Other _____

Household Income: Under \$10,000 \$10K-\$14,999 \$15K-\$19,999

\$20K-\$29,999 \$30K-\$49,999 over \$50,000

Parent highest education level completed: High School/GED College Post Graduate

Main Language spoken at home: _____

Child Ethnicity: Black White Hispanic Asian Native Am

Other _____

Special Needs (please specify): _____

Services

Please check all the services that your family is currently receiving.

New Hampshire Child Care Scholarship

USDA Free Lunch

Title I Services

Educational Services (speech, ESL)

Healthy Kids

Medicaid

Food Stamps

Fuel Assistance

Section 8

Public Housing

If you would like a referral to, or more information about, any of the services listed above, please complete the following:

Parent Name: _____ Address/Phone: _____

Services I'm interested in: _____

CONFIDENTIAL
SCHOLARSHIP / FINANCIAL AID APPLICATION

HEAD OF HOUSEHOLD

_____/_____
 LAST NAME FIRST NAME M.I. HOME TEL. #

 STREET ADDRESS

 CITY STATE ZIP

Relationship to child(ren) _____

LIST ALL MEMBERS OF YOUR HOUSEHOLD	DATE OF BIRTH	CURRENTLY WORKING? <u>YES</u> OR <u>NO</u>	TOTAL GROSS MONTHLY INCOME (PLUS CHILD SUPPORT)	SOCIAL SECURITY NUMBER

Are you currently in a training or school program? _____ If YES, where? _____

I certify, under penalty of perjury, that the above information is correct and complete to the best of my knowledge. I will immediately report to Girls Incorporated of New Hampshire any change in income or family size.

_____/_____
 Parent/Guardian signature Date

_____/_____
 Staff signature Date

**CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
PARENT/CLIENT APPLICATION – Adult Day Care, Child Care Centers, Family Day Care Homes**

Part 1. Children or adults enrolled to receive day care. (Use a separate application for each foster child)

Names (First, Middle Initial, Last)	Food Stamp, TANF or FDPIR case # for <u>children only</u> . All the above or SSI or Medicaid case # for <u>adults only</u> . Skip to Part 4 if you listed a case #

Part 2. Foster Child: In certain cases, foster children are eligible for free and reduced-price meals regardless of household income. If foster children live with you, please contact **[name]** and **[phone number]**. Skip to Part 4.

Part 3. Total Household Gross Income—You must tell us how much and how often

A. Name (List everyone in household, including children) <i>(Example)</i> Jane Smith	B. Gross income and how often it was received <i>Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly</i>				C. Check if NO income
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Social Security, pensions, retirement,	4. All Other Income	
	\$200/weekly	\$150/weekly	\$100/monthly	\$ / /	<input type="checkbox"/>
	\$ / /	\$ / /	\$ / /	\$ / /	<input type="checkbox"/>
	\$ / /	\$ / /	\$ / /	\$ / /	<input type="checkbox"/>
	\$ / /	\$ / /	\$ / /	\$ / /	<input type="checkbox"/>
	\$ / /	\$ / /	\$ / /	\$ / /	<input type="checkbox"/>
	\$ / /	\$ / /	\$ / /	\$ / /	<input type="checkbox"/>
	\$ / /	\$ / /	\$ / /	\$ / /	<input type="checkbox"/>

Part 4. Signature and Social Security Number (Adult must sign)

An adult household member must sign this form. If Part 3 is completed, the adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.

Sign here: X _____ Print name: _____ Date: _____

Address: _____ Phone Number: _____

Social Security Number: _____ I do not have a Social Security Number

Part 5. Participant's ethnic and racial identities (optional)

Mark one ethnic identity:	Mark one or more racial identities:
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander
	<input type="checkbox"/> Black or African American

Don't fill out this part. This is for official use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income: _____ Per: Week, Every 2 Weeks, Twice A Month, Month, Year Household size: _____

Categorical Eligibility: ___ Date Withdrawn: _____ Eligibility: Free ___ Reduced ___ Denied ___ Tier I ___ Tier II ___

Reason: _____

Temporary: Free ___ Reduced ___ Time Period: _____ (expires after ___ days)

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Follow-up Official's Signature: _____ Date: _____

Family Size	CCDF Step 1			CCDF Step 2			CCDF Step 3		
	Annual Income	Discount	Fee	Annual Income	Discount	Fee	Annual Income	Discount	Fee
1	\$0 to \$10,830	93%	\$11	\$10,831 to \$12,996	86%	\$21	\$12,997 to \$15,162	79%	\$32
2	\$0 to \$14,570	93%	\$11	\$14,571 to \$17,484	86%	\$21	\$17,485 to \$20,398	79%	\$32
3	\$0 to \$18,310	93%	\$11	\$18,311 to \$21,972	86%	\$21	\$21,973 to \$25,634	79%	\$32
4	\$0 to \$22,050	93%	\$11	\$22,051 to \$26,460	86%	\$21	\$26,461 to \$30,870	79%	\$32
5	\$0 to \$25,790	93%	\$11	\$25,791 to \$30,948	86%	\$21	\$30,949 to \$36,106	79%	\$32
6	\$0 to \$29,530	93%	\$11	\$29,531 to \$35,436	86%	\$21	\$35,437 to \$41,342	79%	\$32
7	\$0 to \$33,270	93%	\$11	\$33,271 to \$39,924	86%	\$21	\$39,925 to \$46,578	79%	\$32
8+	\$0 to \$37,010	93%	\$11	\$37,011 to \$44,412	86%	\$21	\$44,413 to \$51,814	79%	\$32

Family Size	CCDF Step 4			CCDF Step 5			CCDF Step 6		
	Annual Income	Discount	Fee	Annual Income	Discount	Fee	Annual Income	Discount	Fee
1	\$15,163 to \$17,328	72%	\$42	\$17,329 to \$20,577	65%	\$53	\$20,578 to \$23,826	50%	\$75
2	\$20,399 to \$23,312	72%	\$42	\$23,313 to \$27,683	65%	\$53	\$27,684 to \$32,054	50%	\$75
3	\$25,635 to \$29,296	72%	\$42	\$29,297 to \$34,789	65%	\$53	\$34,790 to \$40,282	50%	\$75
4	\$30,871 to \$35,280	72%	\$42	\$35,281 to \$41,895	65%	\$53	\$41,896 to \$48,510	50%	\$75
5	\$36,107 to \$41,264	72%	\$42	\$41,265 to \$49,001	65%	\$53	\$49,002 to \$56,738	50%	\$75
6	\$41,343 to \$47,248	72%	\$42	\$47,249 to \$56,107	65%	\$53	\$56,108 to \$64,966	50%	\$75
7	\$46,579 to \$53,232	72%	\$42	\$53,233 to \$63,213	65%	\$53	\$63,214 to \$73,194	50%	\$75
8+	\$51,815 to \$59,216	72%	\$42	\$59,217 to \$70,319	65%	\$53	\$70,320 to \$81,422	50%	\$75

Family Size	CCDF Step 7			FA Step 1			FA Step 2		
	Annual Income	Discount	Fee	Annual Income	Discount	Fee	Annual Income	Discount	Fee
1	\$23,827 to \$27,075	36%	\$96	\$27,076 to \$31,949	22%	\$117	\$31,950 to \$36,822	7%	\$140
2	\$32,055 to \$36,425	36%	\$96	\$36,426 to \$42,982	22%	\$117	\$42,983 to \$49,539	7%	\$140
3	\$40,283 to \$45,775	36%	\$96	\$45,776 to \$54,015	22%	\$117	\$54,016 to \$62,255	7%	\$140
4	\$48,511 to \$55,125	36%	\$96	\$55,126 to \$65,048	22%	\$117	\$65,049 to \$74,971	7%	\$140
5	\$56,739 to \$64,475	36%	\$96	\$64,476 to \$76,081	22%	\$117	\$76,082 to \$87,687	7%	\$140
6	\$64,967 to \$73,825	36%	\$96	\$73,826 to \$87,114	22%	\$117	\$87,115 to \$100,403	7%	\$140
7	\$73,195 to \$83,175	36%	\$96	\$83,176 to \$98,147	22%	\$117	\$98,148 to \$113,120	7%	\$140
8+	\$81,423 to \$92,525	36%	\$96	\$92,526 to \$109,180	22%	\$117	\$109,181 to \$125,836	7%	\$140

Family Size	Full Fee		
	Annual Income	Discount	Fee
1	\$36,823 and above	0%	\$150
2	\$49,540 and above	0%	\$150
3	\$62,256 and above	0%	\$150
4	\$74,972 and above	0%	\$150
5	\$87,688 and above	0%	\$150
6	\$100,404 and above	0%	\$150
7	\$113,121 and above	0%	\$150
8+	\$125,837 and above	0%	\$150

Family Size	CCDF Step 1			CCDF Step 2			CCDF Step 3		
	Weekly Income	Discount	Fee	Weekly Income	Discount	Fee	Weekly Income	Discount	Fee
1	\$0 to \$208	93%	\$11	\$209 to \$250	86%	\$21	\$251 to \$292	79%	\$32
2	\$0 to \$280	93%	\$11	\$281 to \$336	86%	\$21	\$337 to \$392	79%	\$32
3	\$0 to \$352	93%	\$11	\$353 to \$423	86%	\$21	\$424 to \$493	79%	\$32
4	\$0 to \$424	93%	\$11	\$425 to \$509	86%	\$21	\$510 to \$594	79%	\$32
5	\$0 to \$496	93%	\$11	\$497 to \$569	86%	\$21	\$570 to \$694	79%	\$32
6	\$0 to \$568	93%	\$11	\$570 to \$681	86%	\$21	\$682 to \$795	79%	\$32
7	\$0 to \$640	93%	\$11	\$641 to \$713	86%	\$21	\$714 to \$854	79%	\$32
8+	\$0 to \$712	93%	\$11				\$855 to \$996	79%	\$32

Family Size	CCDF Step 4			CCDF Step 5			CCDF Step 6		
	Weekly Income	Discount	Fee	Weekly Income	Discount	Fee	Weekly Income	Discount	Fee
1	\$293 to \$333	72%	\$42	\$334 to \$396	65%	\$53	\$397 to \$458	50%	\$75
2	\$393 to \$448	72%	\$42	\$449 to \$532	65%	\$53	\$533 to \$616	50%	\$75
3	\$494 to \$563	72%	\$42	\$564 to \$669	65%	\$53	\$670 to \$775	50%	\$75
4	\$595 to \$678	72%	\$42	\$679 to \$806	65%	\$53	\$807 to \$933	50%	\$75
5	\$695 to \$794	72%	\$42	\$795 to \$942	65%	\$53	\$943 to \$1,091	50%	\$75
6	\$796 to \$909	72%	\$42	\$910 to \$1,079	65%	\$53	\$1,080 to \$1,249	50%	\$75
7	\$897 to \$1,024	72%	\$42	\$1,025 to \$1,216	65%	\$53	\$1,217 to \$1,408	50%	\$75
8+	\$997 to \$1,139	72%	\$42	\$1,140 to \$1,352	65%	\$53	\$1,353 to \$1,566	50%	\$75

Family Size	CCDF Step 7			FA Step 1			FA Step 2		
	Weekly Income	Discount	Fee	Weekly Income	Discount	Fee	Weekly Income	Discount	Fee
1	\$459 to \$521	36%	\$96	\$522 to \$614	22%	\$117	\$615 to \$708	7%	\$140
2	\$617 to \$700	36%	\$96	\$701 to \$827	22%	\$117	\$828 to \$953	7%	\$140
3	\$776 to \$880	36%	\$96	\$881 to \$1,039	22%	\$117	\$1,040 to \$1,197	7%	\$140
4	\$934 to \$1,060	36%	\$96	\$1,061 to \$1,251	22%	\$117	\$1,252 to \$1,442	7%	\$140
5	\$1,092 to \$1,240	36%	\$96	\$1,241 to \$1,463	22%	\$117	\$1,464 to \$1,686	7%	\$140
6	\$1,250 to \$1,420	36%	\$96	\$1,421 to \$1,675	22%	\$117	\$1,676 to \$1,931	7%	\$140
7	\$1,409 to \$1,600	36%	\$96	\$1,601 to \$1,887	22%	\$117	\$1,888 to \$2,175	7%	\$140
8+	\$1,567 to \$1,779	36%	\$96	\$1,780 to \$2,100	22%	\$117	\$2,101 to \$2,420	7%	\$140

Family Size	Full Fee		
	Weekly Income	Discount	Fee
1	\$709 and above	0%	\$150
2	\$954 and above	0%	\$150
3	\$1,198 and above	0%	\$150
4	\$1,443 and above	0%	\$150
5	\$1,687 and above	0%	\$150
6	\$1,932 and above	0%	\$150
7	\$2,176 and above	0%	\$150
8+	\$2,421 and above	0%	\$150

Family Size	CCDF Step 1			CCDF Step 2			CCDF Step 3		
	Bi-weekly Income	Discount	Fee	Bi-weekly Income	Discount	Fee	Bi-weekly Income	Discount	Fee
1	\$0 to \$417	93%	\$11	\$418 to \$500	86%	\$21	\$501 to \$583	79%	\$32
2	\$0 to \$560	93%	\$11	\$561 to \$672	86%	\$21	\$673 to \$785	79%	\$32
3	\$0 to \$704	93%	\$11	\$705 to \$845	86%	\$21	\$846 to \$986	79%	\$32
4	\$0 to \$848	93%	\$11	\$849 to \$1,018	86%	\$21	\$1,019 to \$1,187	79%	\$32
5	\$0 to \$992	93%	\$11	\$993 to \$1,190	86%	\$21	\$1,191 to \$1,389	79%	\$32
6	\$0 to \$1,136	93%	\$11	\$1,137 to \$1,363	86%	\$21	\$1,364 to \$1,590	79%	\$32
7	\$0 to \$1,280	93%	\$11	\$1,281 to \$1,536	86%	\$21	\$1,537 to \$1,791	79%	\$32
8+	\$0 to \$1,423	93%	\$11	\$1,424 to \$1,708	86%	\$21	\$1,709 to \$1,993	79%	\$32

Family Size	CCDF Step 4			CCDF Step 5			CCDF Step 6		
	Bi-weekly Income	Discount	Fee	Bi-weekly Income	Discount	Fee	Bi-weekly Income	Discount	Fee
1	\$584 to \$666	72%	\$42	\$667 to \$791	65%	\$53	\$792 to \$916	50%	\$75
2	\$786 to \$897	72%	\$42	\$898 to \$1,065	65%	\$53	\$1,066 to \$1,233	50%	\$75
3	\$987 to \$1,127	72%	\$42	\$1,128 to \$1,338	65%	\$53	\$1,339 to \$1,549	50%	\$75
4	\$1,188 to \$1,357	72%	\$42	\$1,358 to \$1,611	65%	\$53	\$1,612 to \$1,866	50%	\$75
5	\$1,390 to \$1,587	72%	\$42	\$1,588 to \$1,885	65%	\$53	\$1,886 to \$2,182	50%	\$75
6	\$1,591 to \$1,817	72%	\$42	\$1,818 to \$2,158	65%	\$53	\$2,159 to \$2,499	50%	\$75
7	\$1,792 to \$2,047	72%	\$42	\$2,048 to \$2,431	65%	\$53	\$2,432 to \$2,815	50%	\$75
8+	\$1,994 to \$2,278	72%	\$42	\$2,279 to \$2,705	65%	\$53	\$2,706 to \$3,132	50%	\$75

Family Size	CCDF Step 7			FA Step 1			FA Step 2		
	Bi-weekly Income	Discount	Fee	Bi-weekly Income	Discount	Fee	Bi-weekly Income	Discount	Fee
1	\$917 to \$1,041	36%	\$96	\$1,042 to \$1,229	22%	\$117	\$1,230 to \$1,416	7%	\$140
2	\$1,234 to \$1,401	36%	\$96	\$1,402 to \$1,653	22%	\$117	\$1,654 to \$1,905	7%	\$140
3	\$1,550 to \$1,761	36%	\$96	\$1,762 to \$2,077	22%	\$117	\$2,078 to \$2,394	7%	\$140
4	\$1,867 to \$2,120	36%	\$96	\$2,121 to \$2,502	22%	\$117	\$2,503 to \$2,884	7%	\$140
5	\$2,183 to \$2,480	36%	\$96	\$2,481 to \$2,926	22%	\$117	\$2,927 to \$3,373	7%	\$140
6	\$2,500 to \$2,839	36%	\$96	\$2,840 to \$3,351	22%	\$117	\$3,352 to \$3,862	7%	\$140
7	\$2,816 to \$3,199	36%	\$96	\$3,200 to \$3,775	22%	\$117	\$3,776 to \$4,351	7%	\$140
8+	\$3,133 to \$3,559	36%	\$96	\$3,560 to \$4,199	22%	\$117	\$4,200 to \$4,840	7%	\$140

Family Size	Full Fee		
	Bi-weekly Income	Discount	Fee
1	\$1,417 and above	0%	\$150
2	\$1,906 and above	0%	\$150
3	\$2,395 and above	0%	\$150
4	\$2,885 and above	0%	\$150
5	\$3,374 and above	0%	\$150
6	\$3,863 and above	0%	\$150
7	\$4,352 and above	0%	\$150
8+	\$4,841 and above	0%	\$150