

Monthly Income & Expenses Worksheet

This sheet helps us determine your monthly earnings from your home child care/learning facility. Use figures from last month to answer the following questions; if last month does not reflect an average month, then please use the most recent month which does. Receipts are not required, but you must sign where indicated to verify the accuracy of this completed document. This is a two-part worksheet – please complete both parts.



Part One: Income

- To show your income, please complete the following chart. Names of children are not necessary, but you must indicate how much you receive for the care of each child in your home child care.
- Under Parent Fees, list only the amount paid to you by the parent(s) of each child. Indicate whether or not these payments are weekly or monthly.
- If subsidy helps pay the cost of care, write the amount you receive in subsidy for each child in the appropriate section.
- What time does each child typically arrive and leave? Please list the typical days and hours each child attends your program in the appropriate section.
- Please list income from drop-in care and food programs in the section below the Income Table. If you provide shift care and need more space, please write the additional information on a separate sheet and sign your name to verify accuracy.

Children in care	Parent fees received for each child (do NOT include subsidy here)	Subsidy received for each child (if applicable)	Age of child	Typical days and hours of care for each child (list days & arrival/departure times)
Example	\$ <u>100</u> per week/month (circle one)	\$ <u>0</u> per month	4 yrs.	Mon-Fri/8am – 5pm
Example	\$ <u>200</u> per week/month (circle one)	\$ <u>233</u> per month	6 mos.	Mon-Fri/10am – 6pm
Child 1	\$ _____ per week/month (circle one)	\$ _____ per month		
Child 2	\$ _____ per week/month (circle one)	\$ _____ per month		
Child 3	\$ _____ per week/month (circle one)	\$ _____ per month		
Child 4	\$ _____ per week/month (circle one)	\$ _____ per month		
Child 5	\$ _____ per week/month (circle one)	\$ _____ per month		
Child 6	\$ _____ per week/month (circle one)	\$ _____ per month		
Child 7	\$ _____ per week/month (circle one)	\$ _____ per month		
Child 8	\$ _____ per week/month (circle one)	\$ _____ per month		

Drop-in care:

I average \$ _____ per week/month (circle one) from drop-in care.

Food programs:

I received \$ _____ last month from the _____ program.

How many hours do you work per week? _____

To be completed by a T.E.A.C.H. ® Nevada project counselor:

1: Total Monthly Income

Part Two: Expenses

- Based on the information provided in Part One, how much do you spend in your home program ON AVERAGE each month in the following categories? The amounts you claim as expenses will be used to determine your hourly rate. Any item listed in the 'other' category must be identified to be included in the calculation.

2	Food	Monthly Average
3	Toys	Monthly Average
4	Assistant/substitute care	Monthly Average
5	Crafts/supplies	Monthly Average
6	Transportation for business (\$0.50 per mile – multiply number of miles by \$0.50)	Monthly Average
7	Training fees	Monthly Average
8	Gifts for children/families	Monthly Average
9	Other, not including housing expenses (please specify _____)	Monthly Average

To be completed by a T.E.A.C.H. ® Nevada project counselor: Add lines 2 through 9

10. Total monthly expenses

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Income: Line 1

Expenses: Line 10

Gross monthly earnings

The information provided on both sides of this document is true and accurate to the best of my knowledge.

signature

date

print name

county of employment

Please return to T.E.A.C.H. ® Nevada:

Northern/Rural Nevada Office: 240 South Rock Boulevard, Suite 143, Reno, NV 89502/Fax: 775-857-3179

Southern Nevada Office: 628 Belrose Street, Las Vegas, NV 89107/Fax: 702-486-1495