

Financial Assessment to Determine Monthly Fees

In order for determination to be made, this document must be complete.

Attach copy of most recent tax return

Date of Review: _____

Parent/Guardian's Name: _____

Child's Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Place of employment: _____ Work phone: _____

Employer's Address: _____

Income:

Salary: _____ Child Support: _____

Social Security/SSI: _____ Other (explain): _____

Total household monthly income: _____

Please provide any other pertinent information
that you feel would be beneficial in determining placement.

Expenses:

Rent/Mortgage: _____ Water: _____

Electric: _____ Leisure: _____

Phone: _____ other: _____

Gas: _____ other: _____

Food: _____ other: _____

Auto: _____ other: _____

Insurance: _____ other: _____

Monthly bills Total: _____

Copy of most recent tax return must be provided to us

Determination of Monthly Amount: \$ _____

Parent/Guardian Signature

Date

Signature of Business Manager

Date
