



Acceptable Financial Documentation

All documents should be the most recent documentation as it relates to the current school year.

- **Most recent 1040 Form with student's name**
- **Most recent 1040 Form without student's name plus a Financial Explanation Form from parents stating who claimed the student**
- **Most recent W2 Form of any person**
- **1 Month of paystubs (must be most recent available) from any person living in the home regardless of age**
- **Current Social Security**
 - **Social Security Letter with parent name**
 - **Social Security Letter with student name (ex: Cynthia Miller for Leah Miller)**
 - **Typically, we will be asked for more information because if they receive this type of SSI they also receive some other types of assistance**
 - **Social Security Benefits Statement**
- **Current Child Support**
- **Current Food Stamps (SNAP)**
- **Current Ward of the State Letter**

Please reference Samples of Acceptable Documents on our website for examples of the above information.



FINANCIAL DOCUMENT SAMPLES

1040 IRS form with student's name

Form **1040** Department of the Treasury—Internal Revenue Service (99) **2024** OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial Last name Your social security number
If joint return, spouse's first name and middle initial Last name Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign
City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
Foreign country name Foreign province/state/country Foreign postal code You Spouse

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No

Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent
 Spouse itemizes on a separate return You are a dual-status alien

Age/Blindness You: Were born before January 1, 1955 Are blind **Spouse:** Was born before January 2, 1956 Is blind

Dependents (see instructions):
If more than four dependents, see instructions and check here

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions): Child tax credit	Credit for other dependents
Jane	Smith		Daughter	X	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

1 Wages, salaries, tips, etc. Attach Form(s) W-2 **1**
2a Tax-exempt interest **2a** Taxable interest **2b**
3a Qualified dividends **3a** Ordinary dividends **3b**
4a IRA distributions **4a** Taxable amount **4b**
5a Pensions and annuities **5a** Taxable amount **5b**
6a Social security benefits **6a** Taxable amount **6b**

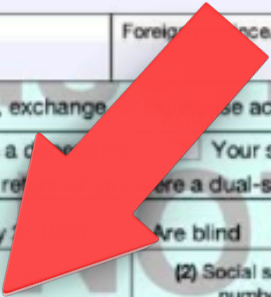
7 Capital gain or (loss). Attach Schedule D if required. If not required, check here **7**
8 Other income from Schedule 1, line 9 **8**
9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income** **9**

10 Adjustments to income:
a From Schedule 1, line 22 **10a**
b Charitable contributions if you take the standard deduction. See instructions **10b**
c Add lines 10a and 10b. These are your **total adjustments to income** **10c**

11 Subtract line 10c from line 9. This is your **adjusted gross income** **11**
12 **Standard deduction or itemized deductions** (from Schedule A) **12**
13 Qualified business income deduction. Attach Form 8995 or Form 8995-A **13**
14 Add lines 12 and 13 **14**
15 **Taxable income.** Subtract line 14 from line 11. If zero or less, enter -0- **15**

Standard Deduction for—
• Single or Married filing separately, \$12,400
• Married filing jointly or Qualifying widow(er), \$24,800
• Head of household, \$18,650
• If you checked any box under Standard Deduction, see instructions.

Attach Sch. B if required.



If student's name is not on form, a financial explanation must be provided.



FINANCIAL DOCUMENT SAMPLES

Example W-2 Form

22222		a Employee's social security number 123-45-6789		OMB No. 1545-0008			
b Employer identification number (EIN) 11-2233444			1 Wages, tips, other compensation \$47,000.00		2 Federal income tax withheld \$4,700.00		
c Employer's name, address, and ZIP code Big Employer 123 Easy Street Washington, DC 12345			3 Social security wages \$50,000.00		4 Social security tax withheld \$3,100.00		
			5 Medicare wages and tips \$50,000.00		6 Medicare tax withheld \$725.00		
			7 Social security tips		8 Allocated tips		
d Control number			9		10 Dependent care benefits		
e Employee's first name and initial		Last name		Suff.	11 Nonqualified plans		
Ima B. Taxpayer 456 Main Street Philadelphia, PA 12345			13 Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>		
			14 Other			12a	12b
						12c	12d
f Employee's address and ZIP code							
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax		
PA	55-222222222	\$50,000.00	\$1,535.00	\$50,000.00	\$800.00		
20 Locality name TGP							

Form **W-2** Wage and Tax Statement
Copy 1—For State, City, or Local Tax Department

2024

Department of the Treasury—Internal Revenue Service



FINANCIAL DOCUMENT SAMPLES

Example Paystub

ACME SUPPLIES CORP.
475 KNAPP AVENUE
ANYTOWN, USA 10101

Period ending: April 1, 2025
Pay date: April 1, 2025

Social Security Number: 999-99-9999
Taxable Marital Status: Married
Exemptions/Allowances:
Federal: 3, \$25 Additional Tax
State: 2
Local: 2

JANE HARPER
101 MAIN STREET
ANYTOWN, USA 12345

Earnings	rate	hours	this period	year to date
Regular	10.00	32.00	320.00	16,640.00
Overtime	15.00	1.00	15.00	780.00
Holiday	10.00	8.00	80.00	4,160.00
Tuition			37.43*	1,946.80
Gross Pay			\$ 452.43	23,526.80
Deductions				
Statutory				
Federal Income Tax			- 40.60	2,111.20
Social Security Tax			- 28.05	1,458.60
Medicare Tax			- 6.56	341.12
NY State Income Tax			- 8.43	438.36
NYC Income Tax			- 5.94	308.88
NY SUI/SDI Tax			- 0.60	31.20
Other				
Bond			- 5.00	100.00
401(k)			- 28.85*	1,500.20
Stock Plan			- 15.00	150.00
Life Insurance			- 5.00	50.00
Loan			- 30.00	150.00
Adjustment				
Life Insurance			+ 13.50	
Net Pay			\$ 291.90	

* Excluded from federal taxable wages

Your federal wages this period are \$386.15

Other Benefits and Information	this period	total to date
Group Term Life	0.51	27.00
Loan Amt Paid		840.00
Vac Hrs		40.00
Sick Hrs		16.00
Title	Operator	

Important Notes
EFFECTIVE THIS PAY PERIOD YOUR REGULAR HOURLY RATE HAS BEEN CHANGED FROM \$8.00 TO \$10.00 PER HOUR.

WE WILL BE STARTING OUR UNITED WAY FUND DRIVE SOON AND LOOK FORWARD TO YOUR PARTICIPATION.

ACME SUPPLIES CORP.
475 KNAPP AVENUE
ANYTOWN, USA 10101

Payroll check number: 000000000
Pay date: 7/25/2008
Social Security No. 999-99-9999

Pay to the order of: **JANE HARPER**

This amount: **TWO HUNDRED NINETY-ONE AND 90/100 DOLLARS** \$291.90

SAMPLE NON-NEGOTIABLE VOID VOID VOID

Authorized Signature
AUTHORIZED SIGNATURE
VOID AFTER 90 DAYS

ASC

857588103

⑈00 1379⑈ ⑆ 12 2000496⑆4040 110157⑈



FINANCIAL DOCUMENT SAMPLES

Social Security - Benefits Letter

SOCIAL SECURITY ADMINISTRATION

Date: June 27, _____
Claim Number: XXX-XX-2205C1

██████████ CARSON
FOR
██████████ CARSON
████████████████████

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

Information About Current Social Security Benefits

Beginning December 2014, the full monthly
Social Security benefit before any deductions is.....\$ 1195.20

We deduct \$0.00 for medical insurance premiums each month.

The regular monthly Social Security payment is.....\$ 1195.00
(We must round down to the whole dollar.)

Social Security benefits for a given month are paid the following month. (For example, Social Security benefits for March are paid in April.)

Your Social Security benefits are paid on or about the third of each month.

There was no cost of living adjustment in Social Security benefits in December 2015. The benefit amount shown is current as of the date on this letter.

SUSPECT SOCIAL SECURITY FRAUD?

Please visit <http://oig.ssa.gov/r> or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).



FINANCIAL DOCUMENT SAMPLES

SNAP Benefits Notice

PO BOX 1810
HARION, IN 46952

Mailing Date : 06/01/16
AG Name : XXXXX MONINGUEZ
Case : 1027284676

0002430

SOUTH BEND, IN 46613

Telephone : (800) 403-0864
Fax : 1-800-403-0864

IMPORTANT NOTICE ABOUT YOUR BENEFITS

Dear XXXXX MONINGUEZ, (XX)

FS 02
Your application for SNAP dated MARCH 28, 2016 has been approved.

You are certified for the Food Stamps Program from JUNE, 2016 through FEBRUARY, 2017.

You will also receive the following benefit(s):

JUNE 2016	\$649.00
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Your regular monthly benefit will be \$649.00 beginning JULY, 2016 and for each subsequent month.

Your issuance day is based on the first letter of your last name according to the following schedule, starting with the fifth day of the month. Day 5 (A, B), Day 7 (C, D), Day 9 (E, F, G), Day 11 (H, I), Day 13 (J, K, L), Day 15 (M, N), Day 17 (O, P, Q, R), Day 19 (S), Day 21 (T, U, V), Day 23 (W, X, Y, Z).

So that we can find out if your household can continue receiving Food Stamps, we will send a form to you in the 5th month of your certification period. This form is called a Food Stamp Interim Contact Form. You will need to complete the questions on the form and provide proof of any changes. The form must be signed, dated and returned by the due date noted. The information given will determine if you will continue to receive Food Stamps. If you do not return the completed form and/or do not send proof of changes, your Food Stamp benefits will end.

For Food Stamps, the only change required to be reported is when your household's gross monthly income is more than the amount listed below for any calendar month. This change must be reported by the 10th of the month following the change.

Income limit \$2,628.00. (You must report if your monthly gross income is more than this amount.)

SNAP (Food Assistance) is the new name for Food Stamps.



FINANCIAL DOCUMENT SAMPLES

Food Stamp Issuance History

11:10:01 Friday, January 20, 2017

IQFS		FOOD STAMP ISSUANCE HISTORY					01/20/17 16:09						
COUNTY	CASE	CAT	SEQ	CASELOAD	WORKER	STATUS	K00010 J SPEARS						
02	XXXXXXXXXX	FS	01			OPEN							
SEL	GEN-DATE	ISS-AMT	BEN-NBR	TY	I	DUP	RCP-AMT	BEN-AMT	EXP-AMT	PERIOD			
AVL-BEGIN/END	DTS	ISS-DT	ISS-CENTER				ISS-WK	CNTRL#	P	ST	DI	RTN-AMT	RSN
1	01/08/17	238.00	64791235	SJ	E		0.00	238.00	0.00	01/17		0.00	
	01/10/17	00/00/00	00/00/00					000000	IS	EB			
2	11/21/16	238.00	64225442	SR	E		0.00	238.00	0.00	12/16		0.00	
	12/13/16	00/00/00	00/00/00					000000	IS	EB			
3	10/24/16	238.00	63905998	SR	E		0.00	238.00	0.00	11/16		0.00	
	11/13/16	00/00/00	00/00/00					000000	IS	EB			
4	09/23/16	238.00	63580465	SR	E		0.00	238.00	0.00	10/16		0.00	
	10/13/16	00/00/00	00/00/00					000000	IS	EB			

ENTER SELECTION NUMBER: _____

PFKEYS: 15=IQCP, 16=IQAP, 17=IQCM, 18=AERFB

NEXT TRAN: _____ FARMS: 1059764413/FS /01%

MORE...



FINANCIAL DOCUMENT SAMPLES

Individual Child Placement Referral (ICPR)



Indiana Department of Child Services
Room E-306 - MS47
302 W. Washington St.
Indianapolis, IN 46204-2739
Phone: 317-234-5437 Fax: 317-234-4497
www.in.gov/dcs
Child Support Hotline: 800-840-8757
Child Abuse and Neglect Hotline: 800-800-5556

PL-202370 Status Approved

INDIVIDUAL CHILD PLACEMENT REFERRAL ("ICPR") (Residential Form)

CPA/Contractor Information:	
LIFELINE YOUTH AND FAMILY SERVICES INC 4150 ILLINOIS RD FORT WAYNE, IN 46804-	
Subject to all the terms of the Contractor's "Residential Treatment Services Provider Contract" ("Contract") with the Indiana Department of Child Services (DCS), the below-mentioned Child is being placed through Contractor in a licensed residential program for the purposes of providing residential treatment services.	
1. Program and Payment.	
a. Residential Program:	GROUP HOME - Lifeline (Spencer Home)
b. Payment rate:	243.57
2. Child Information	
a. Name:	[REDACTED]
b. Date of Birth:	12/21/1998
If eligible for Medicaid on the effective date of this ICPR, the Child's Medicaid Number is:	
By rule, 465 IAC 2-16, the rate may adjust annually. If this occurs, this ICPR will automatically adjust to the new rates and a new ICPR may be generated.	
By its signature on the master Contract under which this referral is made, DCS authorizes Contractor to provide or arrange for appropriate provision of, routine or emergency medical care for Child under DCS' care and supervision, as needed, including the administration of routine medication while Child is placed with Contractor under this ICPR.	
3. Behavioral health. This ICPR authorizes Contractor (or their subcontractor) to provide the behavioral health services that are approved in the Contract. All behavioral health services must be completed in accordance with service standards set by DCS. The Contractor must bill Medicaid before billing DCS as set out in 465 IAC 2-16 and the Provider Manual.	
Date of Placement:	1/12/2017
Effective Date of Rate in Section 1:	1/12/2017
For proper invoicing, please reference the following:	
Person ID:	[REDACTED]
Case ID:	[REDACTED]
FCM:	[REDACTED]
FCM Phone:	[REDACTED]
Billing Code:	[REDACTED]
Billable Unit Referral ID:	[REDACTED]
Resource ID:	[REDACTED]

Included Behavioral Health Services: