

**FOSTER CARE
TRANSPORTATION REIMBURSEMENT BUDGET SHEET**

Name	SS#	Case #
County	Address	Phone
City	State	Zip

INCOME: The total gross income of **all** persons living in your household (including foster children) must be counted.

The income must be below these limits:

HOUSEHOLD SIZE	YEARLY INCOME	MONTHLY INCOME
1	\$24,428	\$2,036
2	\$31,944	\$2,662
3	\$39,461	\$3,288
4	\$46,977	\$3,915
5	\$54,493	\$4,541
6	\$62,010	\$5,167
7	\$63,419	\$5,285
8	\$64,828	\$5,402
9	\$66,238	\$5,520
10	\$67,647	\$5,637
11	\$69,056	\$5,755
12	\$70,466	\$5,872

ASSETS: The total assets of all persons living in your household cannot be more than \$10,000.00. Assets include cash, savings or checking accounts, stocks, bonds, CDs and other personal property or real estate, which you could borrow against or sell for cash.

There are some types of property, which are NOT counted in the \$10,000, such as the home you live in, clothing, personal effects and household goods, any real estate property, which is producing reasonable income, one vehicle, with equity value of \$1,500. Anything over \$1,500 is countable toward the \$10,000 limit.

TOTAL LIQUID ASSETS _____
TOTAL HOUSEHOLD GROSS INCOME _____
HOUSEHOLD SIZE _____

Applicant's Signature Date

Eligible _____ **Not Eligible** _____