BCMW Hea 2024 Pre-Re Main Office:		Office	£	Į		Office Use Only ent Date/Time:		
909 East Rexford Centralia, IL 62801 (618) 532-4890 x144	510 Joplin Benton, IL 62812	<u>once.</u>	10	P	2 nd Appointm	ent Date/Time:		
Today's Date:				l				
Participant's Name:					DOB:		Male	Female
Parent/Guardian's Nan	ne:				DOB:		Male	Female
Address:					City/Zip:			
#1 Phone:		Home	Cell	#2 P	hone:		Hor	ne Cell
Email Address:								
Best day and time to co	ntact you? M	т w	TH	F	8:00-Noon	Noon-4:00pm	Ar	nytime
Who can we contact if y	ou cannot be reached	<u>1</u> ?						
Contact Name:					Phone:			
Address:					City/Zip:			
Relationship to Participa	ant:							

2024 FAMILY INCOME GUIDELINES

<u>Family Size</u> (Circle one)	<u>100% Monthly</u> <u>Income</u>	<u>100%Yearly</u> <u>Income</u>	<u>130% Monthly</u> <u>Income</u>	<u>130%Yearly</u> <u>Income</u>	
2	1,703	20,440	2,214	26,572	
3	2,152	28,820	2,797	33,566	
4	2,600	31,200	3,380	40,560	
5	3,048	36,580	3,963	47,554	
6	3,497	41,960	4,546	54,548	
7	3,945	47,340	5,129	61,542	
8	4,393	52,720	5,711	68,536	
**Additional per pe	erson 448	5,380	583	6,994	

Parent/Guardian Signature:	Staff Signature:		
Notes:			





Participant's Name: _____

Date / Time / Initials	Comments/Notes