



**INCOME REPORTING SHEET FOR INTAKE/ REGISTRATION OF CLIENTS**

PROGRAM NAME \_\_\_\_\_

Intake Date: \_\_\_\_\_

Total household income: \_\_\_\_\_ Number of family members \_\_\_\_\_

- 100% at or below poverty line
- 200% at or below poverty line
- 250% at or below poverty line
- 300% at or below poverty line
- Not at or below poverty line

**2014 HHS Poverty Guidelines**

FAMILY SIZE	100%	200%	250%	300%
1	11,670	23,340	29,175	35,010
2	15,730	31,460	39,325	47,190
3	19,790	39,580	49,475	59,370
4	23,850	47,700	59,625	71,550
5	27,910	55,820	69,775	83,730
6	31,970	63,940	79,925	95,910
7	36,030	72,060	90,075	108,090
8	40,090	80,180	100,225	120,270
Each Additional	4,060			

<u>Quarterly Client Age Range Data</u>	Please place the appropriate number of clients that you served directly in the boxes below	
<b>Under 18 years</b>		
<b>18 to 64 years</b>		
<b>65 and over</b>		