

## LTBB Child Care Assistance Program Income Guidelines

|                           |                     | Gross Monthly Income |           |           |           |   |
|---------------------------|---------------------|----------------------|-----------|-----------|-----------|---|
| Household Size 2/\$16,020 | Protective Services | 0-1335               | 1336-2003 | 2004-2670 | 2671-3646 | No LTBB Assistance if Gross Income is over 3647 |
| Household Size 3/20,160   | Protective Services | 0-1680               | 1681-2520 | 2521-3360 | 3361-4505 | No LTBB Assistance if Gross Income is over 4506 |
| Household Size 4/24,300   | Protective Services | 0-2025               | 2026-3038 | 3039-4050 | 4051-5362 | No LTBB Assistance if Gross Income is over 5363 |
| Household Size 5/\$28,440 | Protective Services | 0-2370               | 2371-3555 | 3556-4740 | 4741-6221 | No LTBB Assistance if Gross Income is over 6222 |
| Household Size 6/\$32,580 | Protective Services | 0-2715               | 2716-4073 | 4074-5430 | 5431-7078 | No LTBB Assistance if Gross Income is over 7079 |
| Household Size 7/36,730   | Protective Services | 0-3061               | 3062-4591 | 4592-6122 | 6123-7239 | No LTBB Assistance if Gross Income is over 7240 |
| Household Size 8/\$40,890 | Protective Services | 0-3408               | 3409-5111 | 5112-6815 | 6816-7400 | No LTBB Assistance if Gross Income is over 7401 |
| Weekly Family Co Pay      | 7%                  | 7%                   | 7%        | 7%        | 7%        | Not Eligible                                    |

### LTBB CHILD CARE ASSISTANCE PROGRAM PAYMENT RATES

|                 | Licensed Day Care Provider | Relative Care/<br>Licensed Group Homes | Unlicensed Provider-<br>Non Relative |
|-----------------|----------------------------|--|--------------------------------------|
| <b>FULL DAY</b> | \$ 10.00                   | \$ 10.00                               | \$ 10.00                             |
| <b>HALF DAY</b> | \$ 5.00                    | \$ 5.00                                | \$ 5.00                              |

HALF TIME CARE IS FOUR HOURS OR LESS OF CARE

FULL TIME CARE IS GREATER THAN FOUR HOURS OF CARE PER DAY