Massachusetts Department of Public Health
Early Intervention
Income Attestation Form

Date: _____/_____/_____ Early Intervention Program: _____ _____

SECTION A: IDENTIFYING INFORMATION

Child's Legal Name: _____ _____ Child's Date of Birth: _____/_____/_____

Parent/Guardian's Name(s): _____ Phone: (_____)_ _____ _

Parent/Guardian's Address: _____

SECTION B: DOCUMENTATION USED TO VERIFY INCOME

All families need to provide proof of income to determine the Annual Fee. Families on MassHealth are exempt from the Annual Fees. Please check all that apply (please note only one proof of documentation is required):

Documentation Type	Household Annual Income
❑ Most Recent Tax Return *(Form 1040=line 22; 1040A=line 15; 1040EZ=line 4; State Return=line 10)*	
❑ Most Recent W2(s) and/or 1099(s) *(Form W2=line 1; 1099=total of lines 1, 2 & 3)*	
❑ Last two (2) consecutive pay stubs ❑ Weekly amount _____ ❑ Bi-weekly amount _____ ❑ Monthly amount _____	
❑ Written Statement of Salary or Wages (must include company/employer name, address, phone number and supervisor/human resource staff signature)	

Family Size _____ **Annual Fee Amount** _____

SECTION C: STAFF AND PARENT ATTESTATION

I hereby affirm, under the pains and penalties of perjury, that the information provided is accurate and complete, to the best of my knowledge.

Parent/Guardian Signature: _____ __ **Date:** _____ _____

Staff signature: _____ ___ **Printed Name:**_____