



Nooksack Mobility & Safety Education Program
 P.O. Box 157 Deming, WA 98244 Phone: (360) 526-2259
 Email: NMSEP@nooksack-nsn.gov

Nooksack Driving Academy Application & Gross Income Calculation Form

Student Name: _____ Parent/Guardian Name: _____

Primary Contact Number: _____ Email: _____

Mailing Address: _____

WA Learners Permit #: _____ WA ID Number: _____ Confirm #: _____

ARE YOU A TANF CLIENT? Yes/ No (Income calculator not applicable)

The first hour of the first Drivers Education class will be Parent Night to go over information and acknowledgement of policies. This will include curriculum and organ donor information. Please sign below acknowledging you understand what is expected of you and that you understand our policies.

Parent/ Guardian Signature _____ Date: _____

Household Size: _____ Tribal Affiliation: _____

I authorize Nooksack Driving Academy to contact and verify tribal enrollment for the student listed on this form with the above listed tribe. _____ (parent/guardian initials)

Please attached copies of **all** household members' most recent monthly income (i.e. paystubs, letter from social services, etc.).

**Monthly FTE work hours is calculated by the federal annual formula which is 2080 hours per year for 1 full time employee/ 12 months=173.9167 hours per month.*

*** Discounted rates are calculated using TANF formula for governmental assistance*

COUNTABLE INCOME CALCULATOR - TO BE COMPLETED BY NDA STAFF

\$ _____ per hr. X _____ hr. per month = \$ _____ / 2 = \$ _____ - \$250.00 = \$ _____ +

\$ _____ (unearned income (i.e., child support, stock dividends, real estate sales) = \$ _____ x 2 =

\$ _____ Countable Income.

Family Responsibility: \$ _____

 (program manager signature)

 (date)

Yes / No Tribal Enrollment Verified
 Yes / No TANF or GA Assisted
 Yes / No Foster Care Applicant