

Ohio Department of Job and Family Services
CCMEP WIOA YOUTH & CCMEP TANF PROGRAM ELIGIBILITY APPLICATION

SEEKER ID

Applicant Name (First, MI, Last)			
Mailing Address	City	State	Zip Code
Phone Number (###) ### - ####	Alternate Phone Number (###) ### - ####		
Emergency Contact	Contact Person's Phone Number (###) ### - ####		
Applicant Email Address	Date of Birth	Gender at birth <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to answer	

Demographic & Education Information

1. What is your ethnicity?

☐ Latino ☐ Not Latino ☐ Prefer not to answer

2. Citizenship: (check all that apply)

☐ US Citizen
☐ Registered Alien
☐ Refugee
☐ Other Legal Alien
☐ Other _____

3. What is your race? (check all that apply)

☐ Black/African American ☐ White
☐ Asian
☐ American Indian / Alaska Native
☐ Hawaiian Islander / Other Pacific Islander
☐ Other _____

4. Are you legally restricted from using a computer?

☐ Yes ☐ No

5. Relationship Disclosure - Do you have a business or personal relationship with any individual who is a:

- Local elected official (mayor or county commissioner);
- Workforce Development Board member or subcommittee member;
- WIOA executive, supervisor or employee;
- OhioMeansJobs center partner employee, WIOA sub-recipient and/or contractor; or
- County employee?

☐ Yes ☐ No

If YES, provide name: _____

6. What is your education level?

Highest grade completed: _____

- ☐ Current high/junior high school student
☐ Withdrew from high school, no HS diploma
☐ Completed 12th grade, but no HS diploma
☐ Obtained certificate of equivalency for high school diploma
☐ High school graduate
☐ Some post high school education, no degree
☐ College degree: ☐ Associate ☐ Bachelor ☐ Masters/Prof.

7. Do you have work experience in Agriculture within the last 12 months? ☐ Yes ☐ No

8. What is your education status?

- ☐ I am not a student
☐ I am a student at a college or technical school
☐ I am a student in a HS equivalency program
☐ I am a high school student, at grade level
☐ I am a high school student, behind grade level

9. Have you served in the US Military? ☐ Yes ☐ No

If YES, what are your active duty dates: _____ to _____

10. Are you a Spouse of a Veteran? ☐ Yes ☐ No

11. Are you a Homeless Veteran? ☐ Yes ☐ No

12. Do you hold a valid Driver's License? ☐ Yes ☐ No

If YES, Type/Class:

- ☐ Non-Commercial (D)
or
☐ CDL: ☐ A; ☐ B; ☐ C

Part A. WIOA Information

1. Are you interested in an Apprenticeship?

☐ Yes ☐ No

2. Have you registered for Selective Service (for males 18 or older)? ☐ Yes ☐ No ☐ Exempt

If YES, SSR #: _____

3. Are you enrolled in ASPIRE? ☐ Yes ☐ No

4. Have you received OWF for one or more years?

☐ Yes ☐ No

11. Have you taken a recent math/reading assessment?

☐ Yes ☐ No

12. Do you use recreational drugs or drink regularly?

☐ Yes ☐ No

13. Are you a single parent? ☐ Yes ☐ No

14. What is your native or primary language? _____

15. Do you think you have a cultural barrier that might hinder employment? ☐ Yes ☐ No

16. Are you homeless? ☐ Yes ☐ No

<p>5. Are you a public assistance recipient (cash/food)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Are you enrolled in Vocational Rehab through OOD? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Are you receiving SNAP Employment and Training? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8. Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES: <input type="checkbox"/> physical; <input type="checkbox"/> mental; <input type="checkbox"/> learning</p> <p>9. Are you a runaway? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>10. If English is not your native or primary language, do you need help learning to speak/write/use English? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>17. Are you involved or were you involved in the juvenile court or adult justice system? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>18. Are you in foster care or were you previously in foster care? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>19. Are you pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>20. Do you have reliable transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>21. Are you a parent (including noncustodial)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>22. Are you/have you received a Pell Grant? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>23. Is your family eligible to receive free/reduced-price lunch? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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WIOA Income Eligibility (If needed) - This section determines income eligibility. If you are an in-school youth (i.e., attending high school or a post-secondary program), do not complete if you are homeless, a runaway, or a foster youth. If you are not attending school only complete if your case manager requests you to do so.

1. Please answer the following questions if you are 18 or older*.

Do you provide more than 50% of your own support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you married or separated but not divorced?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have children who receive more than half of their support from you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have dependents (other than your children or spouse) who live with you and who receive more than half of their support from you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have your own residence or in a residence without support from a parent(s) or a guardian(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been, or are you a member of, a family who received public cash or food assistance in the last 6 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No

*If you answered "YES" to any question directly above, you are independent of a parent or guardian and only your income will be used to determine WIOA youth eligibility.

2. Only complete the next section if you are attending school (high school or college/technical school) or your case manager asks you to.

Including yourself, who is in your household? What is their relationship to you? What is their average monthly income? (Your case manager can let you know the timeframe to consider.) If you have a disability, only include your personal income.

Household Members Average Monthly Income for the past () months				
Name	Age	Relationship	Hourly / Weekly Wage	Average Monthly Income
		Self		
Total				

Part B. TANF Funding Eligibility - This section determines eligibility for TANF-funded services.

1. Have you or anyone you are living with been ordered to repay cash assistance (OWF), due to a determination of fraud and still owe repayment? ☐ Yes ☐ No **If YES, skip to 'Acknowledgement' section.**
2. Are you currently receiving cash assistance? ☐ Yes ☐ No **If YES, skip to 'Acknowledgement' section.**
3. Are you currently receiving SNAP? ☐ Yes ☐ No **If YES, skip to 'Acknowledgement' section.**
4. Complete the table below indicating each household member's monthly income.

Household Members Monthly Income			
Name	Relationship	Hourly / Weekly Wage	Monthly Income
	Self		
Total			

5. Do you have a child under age 18 or 18 who is attending high school full-time? ☐ Yes ☐ No
Number of children _____ Oldest child age _____
6. Are you one of the following (*check all that apply*): ☐ a minor child (including age 18 attending high school full-time); ☐ a parent, specified relative, legal guardian or legal custodian of a minor child; ☐ a non-custodial parent; ☐ a pregnant individual; or ☐ an individual age 18-24 that is part of a family that includes a minor child?
7. Have you been given the opportunity to register to vote? ☐ Yes ☐ No ☐ N/A (age 16 or under)

Acknowledgement

By signing, I attest that the information stated on this application is true and accurate. I understand that if the information or income provided was misrepresented, it may be grounds for immediate termination in the CCMEP program and/or penalties as specified by law. If the applicant is under age 18, the parent/guardian signature below gives permission for the youth to participate in CCMEP services and activities.

☐ I have received a copy of the JFS Form 08063 "Complaint Rights under the Workforce Innovation and Opportunity Act (WIOA)".

Parent/Guardian Signature:

Parent/Guardian Signature (<i>If applicant is under age 18**</i>)	Date
Applicant Signature	Date

TO BE COMPLETED BY ELIGIBILITY STAFF PERSON ONLY:

WIOA Funding Eligibility Determination:

Is the individual ☐ In-School (ages 14-21) **OR** ☐ Out-of-School (ages 16-24)

Does the youth need to be low income based on their school status and/or barriers to employment/education?
☐ Yes ☐ No

If youth needs to be low-income, do they meet this requirement (if youth has disability, only the youth's income is counted)? ☐ Yes (Check all that apply) ☐ No

☐ At or below 100% of FPL

☐ At or below 70% lower living standard (LLSIL). Customer receives or is a member of a family that receives (currently or in the past six months) one of the following TANF, SNAP, SSI, Other public assistance

☐ Receives or is eligible to receive free or reduced-price lunch (the family not entire school building)

☐ Lives in a high-poverty census tract/area.

☐ Foster Child

☐ Homeless

☐ 5% low-income exception (use only if youth does not meet low-income but has barriers and needs assistance)

If in-school, is the individual low-income and do they have at least one of the documented barriers to employment?

☐ Yes (Check all that apply below) ☐ No

☐ Is basic skills deficient

☐ Is an English language learner

☐ Is an offender

☐ Is a homeless individual, homeless child or youth, or a runaway (Describe: _____)

☐ Is an individual in foster care, has aged out of the foster care system, or has attained 16 years of age and left foster care for kinship guardianship or adoption

☐ Is pregnant or parenting

☐ Is an individual with a disability

☐ Needs additional assistance to complete an educational program or to secure or hold employment (check local workforce policy for local definition. State defines this as including individuals receiving or are in a family receiving TANF, SNAP etc. in last 6 months) Applicable policy:

If out-of-school, does the individual have at least one of the below documented barriers to employment?

☐ Yes (Check all that apply below) ☐ No

☐ School dropout

☐ School age youth that has not attended school for at least the most recent school quarter

☐ Individual subject to the juvenile or adult justice system

☐ Homeless/Runaway

☐ Foster Care/aged out of foster care

☐ Pregnant/parenting

☐ Disabled

☐ Needs additional assistance and is low-income as defined by your local area policy and is low-income (check local workforce policy for local definition. State defines this as including individuals receiving or are in a family receiving TANF, SNAP etc. in last 6 months) Applicable policy:

☐ Youth who received HS diploma or equivalent, is low-income and is:

☐ English language learner

☐ Basic Skills deficient

Is the individual authorized to work in the United States? ☐ Yes ☐ No

If the individual is a male over age 18, has he registered for Selective Service? ☐ Yes ☐ No

What is the documented reason for youth eligibility? (Select one)

☐ Family Assistance (SNAP/TANF/SSI) received in past six months

☐ Family income does not exceed poverty line or 70% of LLSIL

☐ Homeless, Homeless child/youth

☐ Received or eligible to receive free/reduced lunch

☐ In foster care or aged out of foster care

☐ Individual with a disability

☐ Living in a high poverty area

☐ 5% low-income exception

Youth barriers documentation:

- ☐ Is basic skills deficient
- ☐ Is an English language learner
- ☐ Is an offender
- ☐ Is a homeless individual, homeless child or youth, or a runaway
- ☐ Is an individual in foster care, has aged out of the foster care system, or has attained 16 years of age and left foster care for kinship guardianship or adoption?
- ☐ Is pregnant or parenting
- ☐ Is an individual with a disability
- ☐ Needs additional assistance to complete an educational program or to secure or hold employment (*check local workforce policy for local definition. State defines this as including individuals receiving or are in a family receiving TANF, SNAP etc. in last 6 months*)

WIOA Funding Eligibility Decision:

- ☐ WIOA In-School Youth Program eligible and *low income* (Note: 25% limit on expenditures for ISY)
- ☐ 5% low-income exception for WIOA
- ☐ 5% needs additional assistance In-School Youth (Note: 5% limit for In-School Youth)
Describe: _____
- ☐ WIOA Out-of-School Youth Program eligible – low income not required
- ☐ WIOA Out-of-School Program eligible (*low income required and barrier(s):* _____)
- ☐ Eligible In-School Youth; ☐ Eligible Out-of-School Youth;
or
- ☐ Ineligible for WIOA Funding

Signature of WIOA Eligibility Staff

Date

TO BE COMPLETED BY ELIGIBILITY STAFF PERSON ONLY:

TANF Funding Eligibility Determination:

Does the individual live in an assistance group with someone who has been ordered to repay TANF assistance, due to a determination of fraud and still owe repayment? ☐ Yes ☐ No **If YES, not eligible unless moves into a household that does not include an individual who owes fraudulent OWF.**

If the individual is receiving cash assistance, they are automatically **eligible**.

If the individual is receiving SNAP, the individual automatically meets the **income requirement**.

Is the household's monthly income under 200% of the Federal Poverty Guidelines? Please refer to section 6.3 of your local county plan to confirm whose income is counted for TANF eligibility determination. ☐ Yes ☐ No

Does the individual have a child under age 18? ☐ Yes ☐ No

Is the individual one of the following (*check all that apply*): ☐ a minor child; ☐ a parent, specified relative, legal guardian or legal custodian of a minor child; ☐ a non-custodial parent; ☐ a pregnant individual; or ☐ an individual age 18-24 that is part of a family that includes a minor child? ☐ Yes ☐ No

TANF Funding Eligibility Decision:

- ☐ TANF Funding Eligible; ☐ OWF work eligible; ☐ OWF volunteer; ☐ PRC
- or
- ☐ Ineligible for TANF Funding

Signature of TANF Eligibility Staff

Date

**** If a parent or guardian is not available to sign, please have the minor applicant sign and document in case notes the reason why the parent/guardian did not sign.**

CCMEP Application Addendum

1. If you did not answer yes to questions 1-7 on page 1 of the application (Individual Information-right hand column). Please answer the following questions.

Have you been referred to or being treated by an agency for Substance Abuse?

☐ Yes ☐ No

Have you experienced recent traumatic events or a victim of abuse or reside in an abusive environment? – if you answer yes this must be documented by a professional (doctor, counselor, etc).

☐ Yes ☐ No

Have you been fired from a job within the past 6 months?

☐ Yes ☐ No

Are you 19 or older, not enrolled in school, and have never held a full-time job for more than 12 consecutive weeks?

☐ Yes ☐ No

2. If you are still in high school are you eligible for Free or Reduced Lunch

☐ Yes ☐ No

3. What is the primary reason you are applying for the CCMEP/WIOA Youth program?

☐ Gain work experience ☐ School/Training ☐ Other _____



TRI-COUNTY EDUCATIONAL SERVICE CENTER

741 Winkler Drive
Wooster, Ohio 44691
Jon Ritche - Superintendent

Phone 330-345-6771
Fax 330-345-7622
www.youresc.k12.oh.us

Release of Information

I, the undersigned, agree to release to Tri-County Educational Service Center all necessary information in order to assist in determining program eligibility and assist in developing an appropriate and effective Individual Opportunity Plan). This includes the following agencies.

- ☐ Department of Job and Family Services
- ☐ Social Security Administration
- ☐ School Districts of Attendance including ABLE/GED _____
Year Graduated or Dropped Out _____ School Districts
- ☐ Ashland County Child Support Enforcement Agency
- ☐ Additional agencies _____
- ☐ Previous Employers identified by the youth. _____
Employers

Youth Signature

Date

Parent/Guardian Signature

Date

Transitions Coordinator

Date

Ohio Department of Job and Family Services
VOTER REGISTRATION
NOTICE OF RIGHTS AND DECLINATION

County Department of Job and Family Services
Ashland County Department Of Job and Family Services

Name	Date
------	------

If you are not registered to vote where you live now, would you like to apply to register to vote here today?

- ☐ YES, I want to register to vote.
☐ NO, I do not want to register to vote.

IF YOU DO NOT CHECK EITHER BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME.

Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.

If you would like help filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private.

Signature

(This portion to be retained by agency)

(This portion to be given to applicant/recipient)

Date

If you have not received any verification of your voter registration from the county board of elections in which you reside within 21 days from the date you registered, you may inquire about the status of your registration by contacting your county board of elections.

If you believe that someone has interfered with your right to register or decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the prosecuting attorney of your county or with the Secretary of State:

Ohio Secretary of State
180 E. Broad Street
Columbus, OH 43215
(614) 466-2585
Toll Free: (877) 868-3874

Address of County Prosecutor

110 Cottage St

City, State and Zip Code of County Prosecutor

Ashland OH 44805

Phone Number of County Prosecutor

(419) 289-8857

Voter Registration and Information Update Form

Please read instructions carefully. Please type or print clearly with blue or black ink.
For further information, you may consult the Secretary of State's website at: www.OhioSecretaryofState.gov or call (877) 767-6446.

Eligibility

You are qualified to register to vote in Ohio if you meet all the following requirements:

1. You are a citizen of the United States.
2. You will be at least 18 years old on or before the day of the general election.
3. You will be a resident of Ohio for at least 30 days immediately before the election in which you want to vote.
4. You are not incarcerated (in jail or in prison) for a felony conviction.
5. You have not been declared incompetent for voting purposes by a probate court.
6. You have not been permanently disenfranchised for violations of election laws.

Use this form to register to vote or to update your current Ohio registration if you have changed your address or name.

NOTICE: This form must be received or postmarked by the 30th day before an election at which you intend to vote. You will be notified by your county board of elections of the location where you vote. If you do not receive a notice following timely submission of this form, please contact your county board of elections.

Numbers 1 and 2 below are required by law. You must answer both of the questions for your registration to be processed.

Registering in Person

If you have a current valid Ohio driver's license, you must provide that number on line 10. If you do not have an Ohio driver's license, you must provide the last four digits of your Social Security number on line 10. If you have neither, please write "None."

Please see information on back of this form to learn how to obtain an absentee ballot.

Registering by Mail

If you register by mail and do not provide either an Ohio driver's license number or the last four digits of your Social Security number, you must enclose with your application a copy of one of the following forms of identification:

Current and valid photo identification, a military identification, or a current (within the last 12 months) utility bill, bank statement, government check, paycheck, or government document (other than a notice of voter registration mailed by a board of elections) that shows the voter's name and current address.

Residency Requirements

Your voting residence is the location that you consider to be a permanent, not a temporary, residence. Your voting residence is the place in which your habitation is fixed and to which, whenever you are absent, you intend to return. If you do not have a fixed place of habitation, but you are a consistent or regular inhabitant of a shelter or other location to which you intend to return, you may use that shelter or other location as your residence for purposes of registering to vote. If you have questions about your specific residency circumstances, you may contact your local board of elections for further information.

Your Signature

In the area below the arrow in Box 14, please write your cursive, hand-written signature or make your legal mark, taking care that it does not touch the surrounding lines so when it is digitally imaged by your county board of elections it can effectively be used to identify your signature.

WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

FOLD HERE

I am: ☐ Registering as an Ohio voter ☐ Updating my address ☐ Updating my name

1. Are you a U.S. citizen? ☐ Yes ☐ No
2. Will you be at least 18 years of age on or before the next general election? ☐ Yes ☐ No
If you answered NO to either of the questions, do not complete this form.

3. Last Name		First Name	Middle Name or Initial
4. House Number and Street (Enter new address if changed)		Apt. or Lot #	5. City or Post Office
6. ZIP Code		7. Additional Mailing Address (if necessary)	
8. County (where you live)		9. Birthdate (MO-DAY-YR) (required)	
10. Ohio Driver's License Number OR Last four digits of Social Security Number (one form of identification required)		11. Phone No. (voluntary)	
12. PREVIOUS ADDRESS IF UPDATING CURRENT REGISTRATION - Previous House Number and Street			
Previous City or Post Office		County	State
13. CHANGE OF NAME ONLY Former Legal Name		Former Signature	

14.

I declare under penalty of election falsification I am a citizen of the United States, will have lived in this state for 30 days immediately preceding the next election, and will be at least 18 years of age at the time of the general election.

Your Signature ↓

Date ____ / ____ / ____
MO DAY YR

FOR BOARD USE ONLY SEC4010 (Rev. 4/15)
City, Village, Twp.
Ward
Precinct
School Dist.
Cong. Dist.
Senate Dist.
House Dist.

To ensure your information is updated, please do the following:

1. Print this form.
2. Complete all required fields.
3. Sign and date your form.
4. Fold and insert your form into an envelope.
5. Mail your form to your county board of elections. For your county board's address please visit www.OhioSecretaryofState.gov/boards.htm.

If you have additional questions, please call the office of the Ohio Secretary of State at 877-SOS-OHIO (877-767-6446).

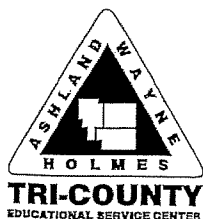
HOW TO OBTAIN AN OHIO ABSENTEE BALLOT

You are entitled to vote by absentee ballot in Ohio without providing a reason. Absentee ballot applications may be obtained from your county board of elections or from the Secretary of State at: www.OhioSecretaryofState.gov or by calling (877) 767-6446.

OHIO VOTER IDENTIFICATION REQUIREMENTS

Voters must bring identification to the polls in order to verify identity. Identification may include current and valid photo identification, a military identification, or a copy of a current (within the last 12 months) utility bill, bank statement, government check, paycheck, or other government document (other than a notice of voter registration mailed by a board of elections) that shows the voter's name and current address. Voters who do not provide one of these documents will still be able to vote by providing the last four digits of the voter's Social Security number and by casting a provisional ballot pursuant to R.C. 3505.181. For more information on voter identification requirements, please consult the Secretary of State's website at: www.OhioSecretaryofState.gov or call (877) 767-6446.

**WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY
OF A FELONY OF THE FIFTH DEGREE.**



TRI-COUNTY EDUCATIONAL SERVICE CENTER

741 Winkler Drive
Wooster, Ohio 44691
Jon Ritchie – Superintendent

Phone 330-345-6771
Fax 330-345-7622
www.youresc.k12.oh.us

The State of Ohio requires that all youth enrolled in the WIOA Youth Program, create an OHIOMEANSJOBS.COM account. If you have already created such an account, perhaps at school, or through another work experience, please do the following:

- Log into your OMJ account
- Print out a page that displays your name.
- Provide this print-out to the Transitions WIOA Program Coordinator.

To create a new OHIOMEANSJOBS.COM account:

- The signature of parent/guardian is required to give permission to a minor to create an account.
- The web address is: <https://jobseeker.ohiomeansjobs.monster.com>
- Once in the web site:
 - Click on the "Get Started" Icon for individuals
 - Then click on the K-12 Student Icon.
 - Next page - top right corner, look for a backpack and the words SIGN-IN
 - Click on the Sign-In prompt to either sign into an existing account, or to create a new account.
 - When an account has been successfully accessed, or created, print out a copy of the "Welcome Page" or your "Welcome e-mail".
 - Give this print-out to the Transitions WIOA Program Coordinator.

Please submit the Welcome Page print-out as proof of having created an account with your application for participation in the WIOA Youth Program. Applications will not be processed without proof that you have an OHIOMEANSJOBS.COM account.

FOR YOUTH UNDER AGE 18

My child _____ who is a minor, has my permission to create an OHIOMEANSJOBS.COM account.

Parent Signature

Date

FOR YOUTH 18 AND OLDER:

Follow instructions above for login into the website to create an OHIOMEANSJOBS.COM account.

- Instead of a K-12 prompt, look for
 - College Student tab
 - Individual with disability tab, and more
 - Choose one of these tabs and proceed to set up your account.
 - You will need an e-mail account to register.

Please email the completed information to Rebekah Aubrey at tesc_aubrey@tccsa.net, or text a copy to (330) 464-0944, or print out a copy that you give to Rebekah Aubrey, Program Director, WIOA Youth Program, Ashland County, Ashland, Ohio.

48 Contiguous States

of Persons in Household

2021 Federal Poverty Level for the 48 Contiguous States (Annual Income)

W/0A

100%

133%

138%

150%

200%

Tank

300%

400%

1	\$12,880	\$17,130	\$17,774	\$19,320	\$25,760	\$38,640	\$51,520
2	\$17,420	\$23,169	\$24,040	\$26,130	\$34,840	\$52,260	\$69,680
3	\$21,960	\$29,207	\$30,305	\$32,940	\$43,920	\$65,880	\$87,840
4	\$26,500	\$35,245	\$36,570	\$39,750	\$53,000	\$79,500	\$106,000
5	\$31,040	\$41,283	\$42,835	\$46,560	\$62,080	\$93,120	\$124,160
6	\$35,580	\$47,321	\$49,100	\$53,370	\$71,160	\$106,740	\$142,320
7	\$40,120	\$53,360	\$55,366	\$60,180	\$80,240	\$120,360	\$160,480
8	\$44,660	\$59,398	\$61,631	\$66,990	\$89,320	\$133,980	\$178,640

Add \$4,540 for each person in household over 8 persons