

**CHILD AND ADULT CARE FOOD PROGRAM - CHILD CARE COMPONENT
HOUSEHOLD INCOME STATEMENT**

GENERAL INFORMATION: The information requested in this application is private and will be used to determine the level of benefits which you or the institution which provides you with child care will receive through the Child and Adult Care Food Program (CACFP). Return the completed form to your center. You may refuse to provide this information, but refusal will affect the level of benefits received by you or your center. Persons authorized to receive the information you provide are officials of the child care center, the Minnesota Department of Education, and the U.S. Department of Agriculture. Instructions on how to complete this form are included in the cover letter. Also please fill out the voluntary civil rights information on the reverse side of this form.

1. CHILDREN IN CARE AT CENTER			List the name and age of each child who is in care at the center, case number (if applicable), and regular income to child (if applicable). If all of your children in care at the center have a case number, complete only Parts 1 and 4. If any of your children in care at the center do not have a case number, complete Parts 1, Part 3, and Part 4. For foster children, complete a separate application for each foster child with Parts 2 and 4 completed.						
Last Name	First Name	Age	MFIP / Food Stamp/ or FDPIR Number	Regular Income to Child such as SSI	Last Name	First Name	Age	MFIP / Food Stamp/ or FDPIR Number	Regular Income to Child such as SSI

2. FOSTER CHILD	A foster child is usually eligible for meal benefits regardless of the household income where they reside. See the "Foster Child" section on the next page. Complete this part and sign below in Part 4. A separate application must be completed for each foster child.		
Last Name	First Name	Age	Foster Child Monthly Personal Use Income
			Check one box: <input type="checkbox"/> Foster child receives \$_____ per month for personal use. <input type="checkbox"/> Foster child receives no income for personal use.

3. OTHER HOUSEHOLD MEMBERS List all adults and children in your household – except do not include children who are already listed in Part 1.		Complete this part unless all children in care at the center have a Food Stamp, MFIP, or FDPIR case number in Part 1 or if the application is for a foster child listed in Part 2. INCOME: List all incomes received last month. List <i>gross</i> income before deductions except list net income for farm or other self-employment. To convert an amount to a monthly income, refer to the directions on the reverse side of this page.					
Last Name	First Name	GROSS Earnings from work. Include ALL jobs.	Social Security, Pension, Retirement	Unemployment, Workers Compensation, Strike Benefits	Welfare, Child Support, Alimony	Self-Employment / Farm Net Income	All Other Income Received Last Month
		\$	\$	\$	\$	\$	\$

4. SIGNATURE: This Form Must Be Signed by an Adult Household Member		
I certify that the information I have given on this application is true and correct and that all income is reported. I understand that this information is being given for the receipt of federal funds, that officials may verify the information and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal criminal statutes.		
_____ Signature of Adult Household Member	_____ Social Security Number (see other side of form)	<input type="checkbox"/> OR <input type="checkbox"/> I do not have a Soc. Sec. #
		_____ Date
_____ Printed Name of Household Member	_____ Telephone Number	

FOR CENTER USE ONLY – DO NOT WRITE BELOW THIS LINE	
For eligibility based on family size income:	
TOTAL HOUSEHOLD MEMBERS	_____
TOTAL HOUSEHOLD MONTHLY INCOME	\$ _____
APPROVED A	APPROVED B
<input type="checkbox"/>	<input type="checkbox"/>
C	<input type="checkbox"/>
_____ Center/Sponsor Approving Signature	_____ Date

DETERMINING MONTHLY INCOME

To determine monthly income:

- If paid **every week**, multiply the total GROSS income by **4.33**.
- If paid **every two weeks**, multiply the total GROSS income by **2.15**.
- If paid **twice a month**, multiply the total GROSS income by **2**.
- If paid **once a month**, use the total GROSS income.
- If paid **once a year**, divide the total GROSS income by **12**.

FARMER OR SELF-EMPLOYED: Monthly income is Gross farm or business income received in the previous month *minus farm or business expenses*. A loss from self-employment must be listed as zero income and does not reduce other income for the purpose of completing this form.

FARMER, SELF-EMPLOYED OR SEASONAL WORKER: If any household member received higher or lower income than usual last month, list the expected *average* monthly income.

SOCIAL SECURITY NUMBER

Sections 9 and 17 of the National School Lunch Act require that the adult household member signing this form include their Social Security number, unless a Food Stamp, FDPIR or MFIP case number is provided. If the person signing the form has no Social Security number, write "None." Provision of a Social Security number is not mandatory, but if you do not provide a Social Security number as requested, your child will *not* be eligible for free or reduced-price meals. The Social Security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on this application. These verification efforts may be carried out through program reviews, audits, and investigations, and may include contacting employers to determine income, contacting a Food Stamp, FDPIR or welfare agency to determine current certification for receipt of Food Stamps, FDPIR or MFIP benefits, contacting the State Employment Security Office to determine the amount of benefits received, and checking the documentation produced by household members to prove the amount of income received. These efforts may result in loss or reduction of benefits, administrative claims, or legal action if incorrect information is reported.

CIVIL RIGHTS INFORMATION

Provision of this information is voluntary, is not part of information requested on the other side of this form, and has no effect on benefits received by you or the center. This information will be used to determine whether the center is complying with civil rights laws. If you do not provide this information, a representative of the center is required to identify the racial and ethnic categories of your children in care at the center.

1. Ethnicity
Check whether your children in care at the center are (check one):
 Hispanic or Latino Not Hispanic or Latino
2. Race
Check the race of your children in care at the center (check one or more):
 American Indian or Alaskan Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White

FOR CENTER USE ONLY

- Identified by Adult Household Member Identified by Center Representative

FOSTER CHILD

DEFINITION: A foster child is a child who is living with a household but who remains the legal responsibility of the welfare agency or court. A foster child is considered a household of one.

INCOME FOR FOSTER CHILDREN: In determining income for the foster child, *only* the following should be considered:

Funds provided by the welfare agency that are specifically identified by category for *personal use* of the foster child, such as clothing, school fees, and allowances are considered as income to the child. Funds for shelter and care, and those identified as special needs funds, such as those for medical and therapeutic needs are not considered as income to the child. Where welfare funds cannot be identified by category, no portion of the provided funds is considered as income to the child.

In accordance with Federal law and U.S. Department of Agriculture policy, this child care center is prohibited from discrimination on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY).