

Provider Name: _____ Number: _____	CHILD AND ADULT CARE FOOD PROGRAM - HOMES PROVIDER HOUSEHOLD INCOME STATEMENT	
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1. List all children in your household from birth through high school. Include the children of all related or unrelated adults who share housing and/or other significant expenses. Attach an additional page if necessary. (Do not list a foster child here – complete a “Household Income Statement for Participating Family.”)

Names of Children in Your Household		Check here if child is enrolled in the family child care home <input checked="" type="checkbox"/>	Birth Dates	If applicable Case Numbers		If applicable SSI or Other Regular Incomes to Children
First Name	Last Name			MFIP, Food Assistance (Stamps), or FDPIR Only Program	Case Number	
1						\$ _____ per _____
2						\$ _____ per _____
3						\$ _____ per _____
4						\$ _____ per _____
5						\$ _____ per _____
6						\$ _____ per _____

2. List *all adults* in the household, *all incomes*, and *how often* each income is received. The household is all related or unrelated individuals who share housing and/or other significant expenses. Attach additional page if necessary. Do not complete this section if all enrolled children listed above have case numbers.

Names of Adult Household Members (All household members not listed in Section 1)		Check this column if person has NO INCOME <input checked="" type="checkbox"/>	Incomes				
First Name	Last Name		Write in gross incomes (before deductions) received by your household. Write in how often each income is received : per “week,” “2 weeks,” “2 X month,” “month,” or “year.” If income fluctuates, write in the amount normally received. For farm or self-employment income only , list net income (after deductions).				
			Gross Wages and Salaries from all jobs - before deductions -	Social Security, Pension, Retirement	Public Assistance, Child Support, Alimony	Unemployment, Worker’s Comp, Strike Benefits	Any Other Income, including net Farm/ Self-Employment
Example	Jane Smith		\$ <u>500</u> per <u>2</u> weeks	\$ _____ per _____	\$ <u>200</u> per month	\$ _____ per _____	\$ _____ per _____
1.			\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____
2.			\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____
3.			\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____

3. I certify that the information provided on this application is true and correct. Because federal and state funds may be paid on the basis of this information, I understand that program officials may verify the information, and that deliberate misrepresentation may subject me to prosecution under applicable laws.

Signature of Provider (required) _____

Social Security Number (required if Section 2 is completed): _____ - _____ - _____

Or - if you do not have a Social Security number, check here:

Printed Name: _____ Date: _____

Address: _____ Phone: _____

Mail to CCNI •PO Box 138•Ivanhoe, MN 56142 Before the end of the month to process for current Month (must be received and processed in the current month to activate for current meals/snacks)

Sponsor Use Only – Do Not Write Below

Total household members _____

Total monthly incomes \$ _____

Categorical eligibility

Area Eligible: Yes No

Approved Tier I Temporary until _____

Denied ___ Income ___ Incomplete ___ Other:

Verified: Yes No

Sponsor Signature & Date: _____

Effective Dates: From _____ through _____

FLUCTUATING INCOME

FARMER OR SELF-EMPLOYED: Income is *net* income (after deducting expenses) during the year. List *average net income* per month or other frequency. A loss from self-employment must be listed as zero income and does not reduce other income for the purpose of completing this form.

SEASONAL WORKER: Income is the expected *average gross income* (before deductions) during the year. List *average gross income* per month or other frequency.

SOCIAL SECURITY NUMBER

The Richard B. Russell National School Lunch Act requires the information on this Household Income Statement. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the Social Security number of the adult household member who signs the application. The Social Security number is not required when you apply on behalf of a foster child or you list a Food Stamp, Minnesota Family Investment Plan (MFIP), or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier or when you indicate that the adult household member signing the application does not have a Social Security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the program.

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, include only 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. Where funds cannot be identified by category, no portion of the provided funds is 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.

CIVIL RIGHTS – NONDISCRIMINATION

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