

How to Complete the Household Income Statement Form

Follow the instructions below when completing the following form. Contact Sherri Looft, with any questions at 800.634.3359. Mail the completed form and all applicable verification documents to:

Child Care & Nutrition, Inc.
324 N Norman St – PO Box 138
Ivanhoe, Minnesota 56142

Complete the Household Income Statement form if any of the following apply to your household:

- Any household member currently participates in the Minnesota Family Investment Program (MFIP), or the Supplemental Nutrition Assistance Program (SNAP), or the Food Distribution Program on Indian Reservations (FDPIR), or
- The household includes one or more foster children (a welfare agency or court has legal responsibility for the child), or
- The total income of household members is within the guidelines shown below (gross earnings before deductions, not take-home pay). Do not include as income: foster care payments, federal education benefits, MFIP payments, or value of assistance received from SNAP, WIC, or FDPIR. Military: Do not include combat pay or assistance from the Military Privatized Housing Initiative. The income guidelines are effective from July 1, 2018 through June 30, 2019.

Maximum Total Income

Household size	Annual	Monthly	Twice per month	Every two weeks	Weekly
1	22,459	1,872	936	864	432
2	30,451	2,538	1,269	1,172	586
3	38,443	3,204	1,602	1,479	740
4	46,435	3,870	1,935	1,786	893
5	54,427	4,536	2,268	2,094	1,047
6	62,419	5,202	2,601	2,401	1,201
7	70,411	5,868	2,934	2,709	1,355
8	78,403	6,534	3,267	3,016	1,508
For each add'l family member, add	7,992	666	333	308	154

Step 1 Children

List all infants and children in the household and their birthdates. Attach an additional page if needed to list all children. Fill in circles to show which children are enrolled at the child care. If any children are foster children (a welfare agency or court has legal responsibility for the child), fill in the circle.

If any children have regular earnings, write in the amount of income and frequency. Do not write in an hourly wage. Do not include occasional earnings like babysitting or lawn mowing.

Step 2 Case Number

If you or any other household member participates in SNAP, MFIP or FDPIR assistance programs, circle the name of the program, write in the case number, then go to Step 4. (Medical Assistance (M.A.) and WIC do *not* qualify for this purpose.)

Step 3 Adults / Incomes / Last 4 Digits of Social Security Number

- List all adults living in the household (everyone not listed in Step 1) whether related or not, such as grandparents, other relatives, or friends. Include any adult who is temporarily away from home, like a student away at college. Attach another page if necessary.
- List gross incomes before deductions, not take-home pay. **Do not list an hourly wage rate.** For adults with no income to report, enter a '0' or leave the section blank. This is your certification (promise) that there is no income to report for these adults.
- For each income, fill in a circle to show how often the income is received: each week, every other week, twice per month, or monthly.
- For farm or self-employment income only, list the net income per year or month after business expenses. A loss from farm or self-employment must be listed as 0 income and does not reduce other income.
- Last four digits of the Social Security number (SSN) – The adult household member signing the form must provide the last four digits of their SSN or check the box if they do not have an SSN.

Step 4 Signature and Contact Information: An adult household member must sign the form.

Provider Name: _____

Child & Adult Care Food Program - Homes



Provider ID: _____

Provider Household Income Statement

STEP 1 List all infants, children and students through grade 12 in the household, even if they are not related. If more space is needed, attach another sheet.

Child's First Name	MI	Child's Last Name	Birthdate	Enrolled in this childcare? If yes, fill in the circle.	Foster Child? (An agency or court has legal responsibility for the child.) If yes, fill in the circle.	Regular Income Earned by Children				
						Regular Income	Weekly	Bi-Weekly	2x Month	Monthly
				<input type="radio"/>	<input type="radio"/>	\$ -	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
				<input type="radio"/>	<input type="radio"/>	\$ -	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
				<input type="radio"/>	<input type="radio"/>	\$ -	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
				<input type="radio"/>	<input type="radio"/>	\$ -	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
				<input type="radio"/>	<input type="radio"/>	\$ -	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

STEP 2 Do any Household Members currently participate in any of these programs - SNAP, MFIP or FDPIR? (Medical Assistance and WIC do not qualify.) If NO > Go to STEP 3.

If YES > Provide the CASE NUMBER: _____ Here and check the program: SNAP MFIP FDPIR Then go to STEP 4

STEP 3 A. List ALL Adult Household Members including yourself and report all incomes. (Skip STEP 3 if you completed STEP 2 or if all participants are foster children.)

Adults - Full Name For the purpose of meal benefits, the members of your household are "Anyone who is living with you and shares income and expenses, even if not related." List the full name of each household member not listed in STEP 1 and their income(s) in whole dollars. If a person has no income, write in 0 or leave the section blank. This is your certification (promise) of no income to report. Include any college students temporarily away from home.	Gross Pay from Work Do not write in an hourly wage.			Farm or Self-Employment	Public Assistance, Child Support, Alimony	All Other Incomes								
	Gross pay before deductions (not take-home pay).	Weekly	Bi-Weekly	Monthly	No income after business expenses. State if annual or monthly.	Payments received	Weekly	Bi-Weekly	2x Month	Monthly	Weekly	Bi-Weekly	2x Month	Monthly
	\$ -	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ -	\$ -	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$ -	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ -	\$ -	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$ -	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ -	\$ -	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B. Last four digits of signer's Social Security Number (SSN) or no SSN (required): XXX-XX-____ or I don't have a Social Security Number.

You may be required to submit additional documents to verify incomes reported.

STEP 4 I certify (promise) that all information on this application is true and correct and all household members and incomes are reported. I understand that this information is given in connection with receipt of federal funds and that officials may verify (check) the information. I understand that if I purposely give false information, I may be prosecuted under applicable federal and state laws.

Signature of Adult Household Member (required): _____

Printed Name: _____ Date: _____

Address: _____

Phone: _____

Sponsor use only - Do Not Write Below

Total Household Members: _____ Total Income: \$ _____ per _____

Approved Tier 1: Case Number Foster Income Area Eligible: Yes No

Denied Tier 1: Income Incomplete Verified: Yes No

Sponsor Signature: _____ Date: _____

Effective Dates from: _____ through: _____ FY 2018-19

Farmer or Self-Employed

Income is your net income (after deducting business expenses) from farm or self-employment during the year, which is generally shown on Schedule C or F from the federal tax return. A loss from farm or self-employment must be listed as zero income and does not reduce other household income for the purpose of completing this form.

Seasonal Worker

Income is your expected *average gross income* before deductions (*not take-home pay*) from seasonal work during the year. List your *average gross income* from seasonal work per month or other frequency.

Privacy Act Statement / How Information Is Used

The Richard B. Russell National School Lunch Act requires the information on this form. You do not have to give this information but if you do not, we cannot approve your child for free or reduced-price school meals. You must include the last four digits of the Social Security number of the adult household member who signs the application. The last four digits of the Social Security number are not required when you apply on behalf of a foster child, or you provide a Minnesota Family Investment Program (MFIP), Supplemental Nutrition Assistance Program (SNAP) or Food Distribution Program on Indian Reservation (FDPIR) assistance number, or 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 household meets program eligibility guidelines, and for administration and enforcement of the program.

Nondiscrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

This institution is an equal opportunity provider. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form.

To request a copy of the complaint form, call (866) 632-9992. Submit your completed discrimination complaint form or letter to USDA by: (1) Mail to U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue SW, Washington, D.C. 20250-9410 or (2) Fax to (202) 690-7442 or (3) Email to program.intake@usda.gov.

This institution is an equal opportunity provider.

HOW TO APPLY FOR TIER I Meals in the CACFP

Please use these instructions to help you fill out the application for receiving Tier I meals in family child care. You only need to submit one application per household. The application must be filled out completely to certify your household for Tier I rates for your household. Please follow these instructions in order. Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact CCNI at: [800.634.3359](tel:800.634.3359) or email at info@childcarenutrition.com

STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12

Tell us how many infants, children, and school students live in your household. They do NOT have to be related to you to be a part of your household.

Who should I list here? When filling out this section, please include ALL members in your household who are:

- Children age 18 or under AND are supported with the household's income;
- In your care under a foster arrangement, or qualify as homeless, migrant, or runaway youth;

Child's Full Name and Birthdate.	Enrolled in this child care?	Foster Children? If any children listed are foster children, mark the "Foster Child" box next to the child's name. If you are <u>ONLY</u> applying for foster children, after finishing STEP 1 , go to STEP 4 .	Regular income earned by children
Print each child's name. Use one line of the application for each child. Stop if you run out of space. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children. List their birthdate in the next column	List "yes" for all children in the home between birth to 12 years, 11 months. If a child is 13-18 years, leave the circle blank.	Foster children who live with you may count as members of your household and should be listed on your application. If you are applying for both foster and non-foster children, go to step 3.	If a foster care child receives any income for their own personal use from a private source, list that amount here. If a child is over 16, but not yet graduated from high school and receives a regular wage from a current job, list that amount here

PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.

STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP, TANF, OR FDPIR?

Is anyone in your household (including you) currently participating in one or more of the assistance programs listed below?

- The Supplemental Nutrition Assistance Program (SNAP) or [insert State SNAP number] and Circle the program on the form
- Temporary Assistance for Needy Families (TANF) or [insert State TANF number] and circle the program on the form
- The Food Distribution Program on Indian Reservations (FDPIR) [insert the FDPIR number] and circle the program on the form

A) If no one in your household participates in any of the above listed programs:

- Leave **STEP 2** blank and go to **STEP 3**.
- B) If anyone in your household participates in any of the above listed programs:**
- Write a case number for SNAP, TANF, or FDPIR. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact your county or state office which issues this information.
 - Go to **STEP 4**.

STEP 3 A: LIST ALL ADULT HOUSEHOLD MEMBERS including yourself and report all incomes

Who should I list here?

- When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, even if they are not related and even if they do not receive income of their own.
- **Do NOT include:**
 - People who live with you but are not supported by your household’s income AND do not contribute income to your household.
 - Infants, Children and students already listed in **STEP 1. How do I report my income?**
- **Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents.**
 - Gross income is the total income received before taxes
 - Many people think of income as the amount they “take home” and not the total, “gross” amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.
- Write a “0” in any fields where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write ‘0’ or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, your application will be investigated.
- Mark how often each type of income is received using the check boxes to the right of each field.

Adults- Full Name List adult household members’ names. Print the name of each household member in the boxes marked “Names of Adult Household Members (First and Last).” Do not list any household members you listed in STEP 1. If a child listed in **STEP 1** has income, follow the instructions in **STEP 3, part A.**

Gross Pay from Work . Report all income from work in the “Gross pay before deductions” field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income.

Farm or Self-Employment Report income from that work as a net amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.
You may use the previous year’s Schedule C for your 1040 tax form. Line 31 on the Schedule C will show the net income for the year.

Public Assistance, Child support, Alimony. Report all income that applies in the “Public Assistance/Child Support/Alimony” field on the application. If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as “other” income in the next part.

All Other Incomes Report income from pensions/retirement/disability/unemployment/Veterans and all other income. And how frequently received.

STEP 3, part B.) Provide the last four digits of your Social Security Number. An adult household member must enter the last four digits of their Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled “I don’t have a Social Security Number.”

STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. Before completing this section, please also make sure you have read the privacy and civil rights statements on the back of the application.

Provide your contact information. Write your current address in the fields provided.

Print and sign your name.
Print the name of the adult signing the application and that person signs in the box “Signature of adult.”

Write today’s date. In the space provided, write today’s date in the box. This establishes a beginning date of claiming meals and snacks at Tier I rates, if approved.

Call CCNI at 800.634.3359 and ask for Sherri if you still have questions regarding the information in this form and how to fill it out correctly. **Send completed, signed document to:**
CCNI
PO Box 138
Ivanhoe, MIN 56142