



Dear Parent/Guardian:

We provide nutritious meals every day to the children at our center.

The Child and Adult Care Food Program (CACFP) helps our center to pay for meals. The amount of help we get depends on the incomes of households with children in care. **Please complete the enclosed CACFP Household Income Statement** following the instructions. If your household income is higher than the guidelines shown on the instructions page, please just write "over income" on the Household Income Statement, include your children's names, and return the form.

Return your completed Household Income Statement to: The LTGO Office

**How will my information be used?** We will use your information to request CACFP assistance for meal services.

**How will my information be kept?** We will keep your information on file as private data. The back page of the form has more information about data privacy.

**I already get MFIP or SNAP benefits. Do I meet CACFP income guidelines?** Yes. You only need to provide your case number on the form if anyone in your household is approved for one of these programs: *Minnesota Family Investment Program (MFIP)*, *Supplemental Nutrition Assistance Program (SNAP)* or *Food Distribution Program on Indian Reservations (FDPIR)*.

Also foster children meet CACFP guidelines without providing income information.

Your household *may* meet CACFP income guidelines if you are approved for the *Women, Infants and Children* program (WIC) or *Medical Assistance* program (MA). Please fill out a Household Income Statement.

**Who should I include as members of my household?** Include yourself and all other people living in the household, related or not (such as grandparents, other relatives or friends). Include anyone who is temporarily away, for example a college student.

**What if my income is not always the same?** List the amount that you normally get. For example, if you normally get \$1,000 each month, but you missed some work last month and only got \$900, put down that you get \$1,000 per month. Include overtime pay if you regularly work overtime.

**Do I need to provide my Social Security number?** If household incomes are on the form, the person signing the form must write in just the last four digits of their Social Security number. If you don't have a Social Security number, indicate that on the form.

**May I fill out a Household Income Statement if someone in my household is not a U.S. citizen?** Yes. You or your children or other household members do not have to be U.S. citizens for you to fill out a CACFP Household Income Statement.

If you have other questions or need help, call **[phone number]**.

Sincerely, **Jodie Bunish, Center Director**

## How to Complete the CACFP Household Income Statement

Fill out a *Child and Adult Care Food Program - Household Income Statement* if any of the following apply to your household:

- Any person in your household already is approved for one of these programs: *Minnesota Family Investment Program (MFIP)*, *Supplemental Nutrition Assistance Program (SNAP)* or *Food Distribution Program on Indian Reservations (FDPIR)*. or
- You have one or more *foster children* in the household (a welfare agency or court has legal responsibility for the child). or
- Your *total household income* (income before deductions, *not* take-home pay) is less than or equal to the income shown below for your household size. Include any foster children as members of the household. 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 Military Privatized Housing Initiative payments. The income guidelines are effective from July 1, 2015, through June 30, 2016.

Maximum Household Income

Household Size	\$ Per Year	\$ Per Month	\$ Twice Per Month	\$ Per 2 Weeks	\$ Per Week
1	21,775	1,815	908	838	419
2	29,471	2,456	1,228	1,134	567
3	37,167	3,098	1,549	1,430	715
4	44,863	3,739	1,870	1,726	863
5	52,559	4,380	2,190	2,022	1,011
6	60,255	5,022	2,511	2,318	1,159
7	67,951	5,663	2,832	2,614	1,307
8	75,647	6,304	3,152	2,910	1,455
Add for each additional person	7,696	642	321	296	148

**Step 1: Children** List all children in your household through grade 12 and provide the requested information for each child. Providing racial/ethnic data for your children is optional; this information helps to make sure we are fully serving our community.

**Step 2: Assistance Program Case Number** Fill out this section if anyone in your household already is approved for an assistance program listed in Step 2. If you fill out Step 2, skip Step 3.

### Step 3: Adults and Incomes

**Income to Children** – If any children have regular income, such as SSI or part-time jobs, list the total regular income to children. Do not include occasional earnings such as babysitting or lawn mowing.  
**Social Security Number** – The person signing the form must provide the last four digits of their Social Security number, or check the box if they do not have a Social Security number.

**Adults and Incomes** – List all adults living in the household, whether related or not (such as grandparents, other relatives or friends) and their incomes. Include any adult who is temporarily away, such as a college student. Attach an additional page if necessary.

- List gross earnings before deductions, not take-home pay. Do not list an hourly wage rate. For farm or self-employment income only, list net business income after subtracting expenses.
- 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 each income, fill in a circle to show how often the income is received.

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

## Child and Adult Care Food Program – Child Care Centers Household Income Statement

**Step 1 List All Children in the Household** (infants through grade 12). Attach an additional page if necessary. Race and ethnicity questions are optional and do not affect approval of this form.

First Name	Last Name	Birthdate	Child is enrolled at this center? If yes, fill in the circle.	Foster Child? * If yes, fill in the circle.	- Optional - Hispanic / Latino Ethnicity? ** If yes, fill in the circle.	- Optional - Racial Identity ** Fill in one or more circles for each child				
						American Indian	Asian	African American	Pacific Islander	White
			○	○	○	○	○	○	○	○
			○	○	○	○	○	○	○	○
			○	○	○	○	○	○	○	○
			○	○	○	○	○	○	○	○
			○	○	○	○	○	○	○	○

\* The child is the legal responsibility of a welfare agency or court. If all children enrolled at the center are foster children, skip Steps 2 and 3.

\*\* The full names of the racial categories are: American Indian or Alaskan Native, Asian, Black or African American, Native Hawaiian or other Pacific Islander, and White.

**Step 2 Assistance Program Case Number** (if applicable)

If any household member receives benefits from one of the assistance programs listed below: **Check the program and write in the case number. Skip Step 3.**

Minnesota Family Investment Program (MFIP)     Supplemental Nutrition Assistance Program (SNAP)     Food Distribution Program on Indian Reservations

**Case Number** \_\_\_\_\_ (Medical Assistance and WIC case numbers do not qualify for this purpose.)

**Step 3 List All Adult Household Members and Household Incomes.** Include all household members not listed in Step 1, related or not, including yourself.

- If any children in the household have regular income, such as a part-time job or SSI, write in the total regular income for all children. Do not include occasional earnings such as babysitting or lawn mowing. **Total regular income to children:** \$ \_\_\_\_\_  Weekly  Bi-Weekly  2x month  Monthly
- Write in the **last 4 digits of the Social Security number** of the person signing this application (required): **XX X - XX - \_\_\_\_\_** OR  I don't have an SSN
- **Adult Household Members / Incomes** Write in the name of each adult household member, their *gross* incomes (*before* deductions) in whole dollars, and how often the income is received. Include a household member who is temporarily away, such as a college student. If income fluctuates, write in the amount normally received (*before* deductions). For self-employment income only, write in net income after business deductions. For adults with no income to report, write in '0' or leave the section blank – this is your certification (promise) that they have no income to report. Attach an additional page if necessary.

Adults - Full Name Include any college students.	Earnings from Work Gross wages or net self-employment	How often?					Public Assistance, Child Support, Alimony	How often?				All Other Incomes for example pension, retirement, disability, Veterans benefits, unemployment	How often?			
		Weekly	Bi-Weekly	2x Month	Monthly	Annual		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly
	\$	○	○	○	○	○	\$	○	○	○	○	\$	○	○	○	○
	\$	○	○	○	○	○	\$	○	○	○	○	\$	○	○	○	○
	\$	○	○	○	○	○	\$	○	○	○	○	\$	○	○	○	○

**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 and state funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose benefits and I may be prosecuted under applicable federal and state laws.**

**Signature** of Adult Household Member (required) \_\_\_\_\_ **Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Farmer or Self-Employed**

Income is *net* income (after deducting business expenses) during the year, which is generally shown on Schedule C or F from the federal tax return. 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 your average income before deductions (gross income, not take-home pay) during the year. List average gross income 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 application. 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 form. The last four digits of the Social Security number are not required when the form is completed 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 child qualifies for free or reduced-price meals, and for administration and enforcement of the program. We may share your information with other education, health, and nutrition programs to help them evaluate, fund or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

**Nondiscrimination Statement**

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by USDA. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov). Individuals who are deaf, hard of hearing or have speech disabilities and wish to file either an EEO or program complaint may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). Persons with disabilities who wish to file a program complaint, please see information above on how to contact us by mail directly or by email. If you require alternative means of communication for program information (e.g., Braille, large print, audiotape, etc.) please contact USDA's

<p><b>Office Use Only</b>  Total Household Size: _____ Total Income: \$ _____ per _____  Approved (check all that apply): <input type="checkbox"/> Case Number – Free  <input type="checkbox"/> Foster – Free    <input type="checkbox"/> Income – Free    <input type="checkbox"/> Income – Reduced-Price  Denied: <input type="checkbox"/> Incomplete    <input type="checkbox"/> Income Too High  Signature – Determining Official: _____ Date: _____  Change Status To: _____ Reason: _____ Withdrawn: _____</p>	<p><b>Office Use Only</b>  Date Verification Sent: _____ Response Due: _____ 2<sup>nd</sup> Notice: _____  Result: <input type="checkbox"/> No Change    <input type="checkbox"/> Free to Reduced-Price    <input type="checkbox"/> Free to Paid  <input type="checkbox"/> Reduced-Price to Free    <input type="checkbox"/> Reduced-Price to Paid  Reason for Change: <input type="checkbox"/> Income    <input type="checkbox"/> Case number not verified  <input type="checkbox"/> Foster not verified    <input type="checkbox"/> Refused Cooperation    <input type="checkbox"/> Other: _____  Signature – Verifying Official: _____ Date: _____  Signature – Confirming Official: _____ Date: _____</p>
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