

Instructions for Completing the CACFP Household Income Statement

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

- Any member of the household currently participates in any of these three programs: Minnesota Family Investment Program (MFIP), Supplemental Nutrition Assistance Program (SNAP) or Food Distribution Program on Indian Reservations (FDPIR).
- One or more children in the household are foster children (a welfare agency or court has legal responsibility for the child).
- Total Income (gross income, not take-home pay) for the household is within the following guidelines. These income guidelines are effective from July 1, 2013, through June 30, 2014. Include any foster children as members of the household, but do not include any foster care payments as income.

Maximum Household Income

Household Size	\$ Per Year	\$ Per Month	\$ Twice Per Month	\$ Per 2 Weeks	\$ Per Week
1	21,257	1,772	886	818	409
2	28,694	2,392	1,196	1,104	552
3	36,131	3,011	1,506	1,390	695
4	43,568	3,631	1,816	1,676	838
5	51,005	4,251	2,126	1,962	981
6	58,442	4,871	2,436	2,248	1,124
7	65,879	5,490	2,745	2,534	1,267
8	73,316	6,110	3,055	2,820	1,410
Add for each additional	7,437	620	310	287	144

Children and Foster Status List all children in the household in Section 1. Indicate foster care status for a child by checking the box. Include any regular income, for example SSI, to children (do not list occasional earnings like babysitting).

Assistance Number Complete Section 2 if any household member currently participates in one of the listed assistance programs. If Section 2 is completed, skip Section 3 (adult names and incomes).

Adults / Household Incomes List all adult household members, whether related or not, in Section 3. Include any adults temporarily away, such as a student away at college or work.

List each adult household member's gross incomes, not take-home pay, and how often each income is received. For example "W" for Weekly. If an hourly income is listed, also write in the number of hours per week. If an income varies, list the amount usually received. For farm/self-employment income only, list net income after subtracting business expenses. Examples of "other income" to include in the last column are farm/self-employment, Veterans benefits and disability benefits. Check the "No Income" column after a person's name if they have no income.

Do not include as income: foster care payments, federal education benefits, value of assistance received from MFIP, SNAP, WIC, or FDPIR, combat pay or Military Privatized Housing Initiative pay.

Signature The form must be signed by an adult household member.

Social Security Number The person signing the application must provide the last four digits of their Social Security number if household income information is provided in Section 3.

**CHILD AND ADULT CARE FOOD PROGRAM—CHILD CARE CENTERS
HOUSEHOLD INCOME STATEMENT**

The information requested on this form is private data and will be used to determine the level of assistance for meals that you or your child care center will receive.

1. Names of all Children in Household including Foster Children. Attach additional page if necessary.

First Name	Last Name	Age	✓ if child is enrolled in care	✓ if Foster Child*	Any Regular Income to Child Example: SSI
				<input type="checkbox"/>	\$___ per ___
				<input type="checkbox"/>	\$___ per ___
				<input type="checkbox"/>	\$___ per ___
				<input type="checkbox"/>	\$___ per ___
				<input type="checkbox"/>	\$___ per ___

2. Benefits (if applicable)
If any household member receives benefits from a program listed below, check the appropriate box and write in the name of the person receiving benefits and their case number. Skip Section 3.

Name _____ Case Number _____

Minnesota Family Investment Program (MFIP)
 Supplemental Nutrition Assistance Program (SNAP)
 Food Distribution Program on Indian Reservations
 - Medical Assistance and WIC do *not* qualify -

* The child is the legal responsibility of a welfare agency or court. If all children applied for are foster children, skip Sections 2 and 3. Return completed form to the center. Also please complete the voluntary Civil Rights Survey on the back page. If household income is greater than the attached income guidelines, and you did not list a foster child in Section 1 or provide a case number in Section 2, write "Over Income" and your name on this form and return to center.

3. Names of all Adults in Household (all household members not listed in Section 1). Include all adults living in your household, related or not. Attach additional page if necessary.

First Name	Last Name	✓ if NO income	Gross Wages/ Salaries—all jobs (before deductions)	Pension, SSI, Retirement, Social Security	Public Assistance, Child Support, Alimony	Unemployment, Worker's Comp, Strike Benefits	Any Other Income, including net Farm/ Self-Employment
		<input type="checkbox"/>	\$___ per ___	\$___ per ___	\$___ per ___	\$___ per ___	\$___ per ___
		<input type="checkbox"/>	\$___ per ___	\$___ per ___	\$___ per ___	\$___ per ___	\$___ per ___
		<input type="checkbox"/>	\$___ per ___	\$___ per ___	\$___ per ___	\$___ per ___	\$___ per ___

Write in each gross income before deductions (not take-home pay) and **how often each income is received: weekly (W), bi-weekly (every other week) (BW), twice per month (TM), monthly (M) or yearly (Y).** Do *not* write in an hourly wage. If income fluctuates, write in the amount normally received. For farm or self-employment income only, list net income (after deductions). Attach additional page if necessary.

4. I certify (promise) that all information provided on this form is true and that all household income is reported. I understand that the center will get federal funds based on the information I give. I understand that if I purposely give false information, my children may lose meal benefits and I may be prosecuted.

Signature of Adult Household Member (required)

Printed Name: _____ Date: _____

Last 4 digits of Social Security number (required if Section 3 is completed):

***_**_--_--_--

Or I do not have a Social Security number.

Sponsor Use Only—Do Not Write Below

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

Approved: A—Foster A—Case Number
 A—Income B—Income C

Effective Dates: From: _____ through _____

Sponsor Signature _____ Date: _____

CIVIL RIGHTS SURVEY (voluntary)

This information is requested solely for the purpose of determining compliance with federal civil rights laws, and will not affect your application. By providing this information, you will assist us in assuring that this program is administered in a nondiscriminatory manner.

1. Ethnicity (check one):

- Hispanic or Latino
- Not Hispanic/Latino

2. Race (check one or more):

- American Indian or Alaskan Native
- Asian
- Native Hawaiian or other Pacific Islander
- Black or African American
- White

FOR CENTER USE ONLY - Civil Rights Survey completed by: Adult Household Member Center Representative

PRIVACY ACT STATEMENT

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 the participant for free or reduced-price meals. You must include the last four digits of 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 Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), or Minnesota Family Investment Program (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 the participant is eligible for free or reduced-price meals, and for administration and enforcement of the program.

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

NONDISCRIMINATION STATEMENT

This explains what to do if you believe you have been treated unfairly:

In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

Revised May 2013