

Dear Parent/Guardian:

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

The Child and Adult Care Food Program (CACFP) provides assistance for our meal services. The amount of CACFP reimbursement our center receives depends on the incomes of households with children in care at our center. **To assist our center in participating in the CACFP, please complete the enclosed Household Income Statement.** If your household income is higher than the guidelines shown on the instructions, please write "over income" on the Household Income Statement, include your children's names, and return the form.

Return your completed Household Income Statement to:

**800 Home Street  
P.O. Box 747  
Rushford, MN 55971**

**How will the information I provide be used?** The reimbursement our center receives from the CACFP helps us to provide nutritious meals and snacks to all children in care. The amount of reimbursement our center receives depends on how many enrolled children are qualified for free or reduced price meals according to federal guidelines on household income. Children in households currently participating in Food Support (SNAP), Minnesota Family Investment Program (MFIP) or Food Distribution Program on Indian Reservations (FDPIR) and foster children qualify regardless of household income.

**I get WIC. Does my household meet CACFP income guidelines?** Children in households participating in WIC may meet the CACFP household income guidelines. Please fill out a Household Income Statement.

**May I complete 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 your children to participate in the CACFP.

**Who should I include as members of my household?** You must include yourself and all other people living in the household, related or not (such as grandparents, other relatives or friends). Include a household member who is temporarily away, such as 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 \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. Include overtime pay if you regularly work overtime.

**Do I need to provide my Social Security number?** If income is reported, the Household Income Statement is complete only if the person signing the form provides the last four digits of their Social Security number, or has no Social Security number and indicates that on the form.

**How will the information I provide be kept?** Information you provide on the form will be protected as private data. The back page of the Household Income Statement has more information about data privacy.

If you have other questions or need help, call **507-864-7714**.

Sincerely,

**Jenny Carrier, Child Care Director**

## Instructions for Completing the CACFP Household Income Statement

Complete a Child and Adult Care Food Program - Household Income Statement (HIS) if one or more 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), *Food Support* (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 (including any foster children as members of the household, but not including any foster care payments as income) is within the following guidelines. These income amounts are effective from July 1, 2011 through June 30, 2012.

If none of these apply to your household, return the form with just children's names on form and write "over income."

Household Size	\$ Per Year	\$ Per Month	\$ Twice Per Month	\$ Per 2 Weeks	\$ Per Week
1	20,147	1,679	840	775	388
2	27,214	2,268	1,134	1,047	524
3	34,281	2,857	1,429	1,319	660
4	41,348	3,446	1,723	1,591	796
5	48,415	4,035	2,018	1,863	932
6	55,482	4,624	2,312	2,134	1,067
7	62,549	5,213	2,607	2,406	1,203
8	69,616	5,802	2,901	2,678	1,339
For each additional household member add:	7,067	589	295	272	136

### Section 1

List all children in the household, including foster children, and provide the requested information for each child. List any regular incomes to children (including foster children) such as SSI payments or regular earnings. Do not list occasional earnings to children like babysitting.

*Foster children:* check the "foster child" box for each child who is a foster child (a welfare agency or court has legal responsibility for the child). If all children enrolled in care are foster children, skip sections 2 and 3.

### Section 2

If any member of the household receives public assistance from any of the following three programs, write in the person's name and case number: *Minnesota Family Investment Program* (MFIP), *Food Support* (SNAP), or *Food Distribution Program on Indian Reservations* (FDPIR). A Medical Assistance number does *not* qualify for this purpose.

If section 2 is completed, skip section 3.

### Section 3

Write in the names of all adult household members and all incomes. Include all adults who live in the

household whether related or not. Also include a household member who is temporarily away, at college or work.

For earnings, list *gross income before taxes and other deductions*, not take home pay. You should be able to find your gross income on your pay stub. For *farm/self-employment* income only, list net income after business expenses. Write in how often each income is received: Weekly (W), Bi-Weekly (BW) (every other week), Twice per Month (TM), or Monthly (M). Do *not* write in an hourly wage.

*Do not include as income:* foster care payments, federal education benefits, or assistance provided by MFIP, Food Support (SNAP), WIC or FDPIR. Military: *Do not include* income from the Military Privatized Housing Initiative or combat pay.

### Section 4

The form must be signed by an adult household member. If section 3 of the form has been completed, the signer must provide the last four digits of their Social Security number unless they do not have a Social Security number and indicate that on the form.



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

Revised  
June 2011

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. Return completed form to the center. Also please complete the voluntary Civil Rights Survey on the back page. If your 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.

1. Names of Children in Household Including Foster Children Attach additional page if needed.		Age	✓ if child is enrolled in care	✓ if foster child*	If applicable SSI or Other Regular Income to Child
First Name	Last Name				
			<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ per _____
			<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ per _____
			<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ per _____
			<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ per _____
			<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ per _____

**2. Benefits (if applicable)**

If any household member receives benefits from a program listed below, check the applicable 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)
- Food Support (SNAP)
- Food Distribution Program on Indian Reservations (FDPIR)

- Medical Assistance number does *not* qualify -

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

3. Names of 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 needed.		Check this column if person has NO INCOME ✓	Household Incomes				
			Gross Wages and Salaries from 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
First Name	Last Name		Write in each <b>gross income</b> before deductions (not take-home pay). Write in <b>how often each income is received: weekly (W), bi-weekly (every other week) (BW), twice per month (TM), monthly (M) or yearly (Y)</b> . Do <i>not</i> 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 needed.				
			\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____
			\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____
			\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____

**4. I certify (promise) that the 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 if you do not have a Social Security number, check here:

**Sponsor Use Only – Do Not Write Below**

Total household members: \_\_\_\_\_

Total income \$ \_\_\_\_\_ per \_\_\_\_\_

Approved:  A – Foster  A – Case Number

A – Income  B  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 or Latino

**2. Race (check one or more):**

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

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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, or Food Support in Minnesota), Temporary Assistance for Needy Families (TANF, or Minnesota Family Investment Program), 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.

### 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.

### FLUCTUATING INCOME

**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.