OMER Roster Number _____

2016-2017 CONFIDENTIAL INCOME STATEMENT - Family Day Care Tier 2 / Family Income

INSTRUCTIONS

- If your household receives SNAP, TANF, WIC, OHP, Head Start, Free/Reduced Price Meals on National School Lunch Program (NSLP) or FDPIR, complete parts 1-3, and 7; part 6 is optional.
- If you do not receive these benefits and your income is below the guidelines, complete parts 1-5 and 7; part 6 is optional.
- If you are applying for a FOSTER CHILD, complete parts 1, 4 & 7; part 6 is optional.

Any income fields left blank will be counted as zeros. Please be careful that you meant to leave income fields blank.

1 DAY CARE PROVIDER INFORMATION

Name of Day Care Provider (*Last name, first name*): _____

☐ Yes ☐ No The information on this form may be shared with the above-mentioned day care provider. I understand that my children may participate in this day care program if I do not choose to have this information shared.

2 HOUSEHOLD INFORMATION

Print name of person completing this application (Last name, First name)

_____

Street Address – apt #

_____

City, State, Zip Code

_____

Home Phone

_____

Work Phone

_____

Total Number of persons living in this household _____

(Write names of all household members on parts 4 and/or 5 of this form)

3 PUBLIC BENEFITS INFORMATION Indicate which **benefits** your household currently receives, and list case number, if any:

Name: _____ Case Number: _____

☐ SNAP (Supplemental Nutrition Assistance Program) (*Oregon Trail Card number not acceptable*)

☐ TANF (Temporary Assistance to Needy Families) (*Employment Related Day Care does not qualify*)

☐ FDPIR (Food Distribution Program on Indian Reservations) ☐ Head Start ☐ Oregon Health Plan (OHP)

☐ WIC case number_____ ☐ Free/Reduced Price School Meals on National School Lunch Program (NSLP)

4 CHILD INFORMATION (Names of Your Children Enrolled in Child Care)

Child's Name (Legal Last Name, First Name)	Birth Date	Age	Check if Foster Child (placed by welfare or court)
1. _____	_____	____	❑
2. _____	_____	____	❑
3. _____	_____	____	❑

5 HOUSEHOLD MEMBERS & GROSS MONTHLY INCOME – if not monthly see back for conversions

Include the names of **all** household members not listed in section number 2, even if they don't have income. (Last name, first name)	Monthly Income Total earnings & wages before deductions	Monthly Child Support, Welfare, Alimony	Monthly Pensions, Social Security, Retirement, SSI, VA	Other Monthly Income -Including unemployment and workers comp.	Check if No Income
1. _____	_____	_____	_____	_____	❑
2. _____	_____	_____	_____	_____	❑
3. _____	_____	_____	_____	_____	❑
4. _____	_____	_____	_____	_____	❑
5. _____	_____	_____	_____	_____	❑
6. _____	_____	_____	_____	_____	❑

6 RACIAL OR ETHNIC AND IDENTITY (Optional)

Please check your child's racial and ethnic identity:

Mark one ethnic identity:
☐ Hispanic or Latino
☐ Not Hispanic or Latino

Mark one or more racial identities, if any:
☐ American Indian & Alaskan Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ White
☐ Other:_____

7 SIGNATURE, DATE and Last four numbers of SOCIAL SECURITY NUMBER (Adult must sign)

I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given in connection with the receipt of federal funds; that state officials may verify information; and that deliberate misrepresentation may subject me to prosecution under applicable state and federal statutes.

_____Initial if you consent to allowing the child care provider to collect your form and provide it to the Sponsor. Your provider will not review your form.

Signature of Adult Household Member

X_____

Date Signed

_____
Month/day/year

Social Security Number * (See privacy statement)

XXX-XX-__ __ __ __

☐ I do not have a Social Security Number.

SPONSOR USE ONLY - DO NOT WRITE BELOW THIS LINE

Total Income:_____ Number in household:_____

Eligibility : ☐ Tier 1 ☐ Tier 2

Eligibility based on : ☐ SNAP/TANF ☐ FDPIR ☐ Head Start ☐ OHP ☐ WIC ☐ NSLP ☐ Household Income ☐ Foster Child

Notes: _____

Determining Official's Signature :_____ Date_____ _____
2nd Check (initial)

 SEE IMPORTANT INFORMATION ON REVERSE SIDE

DETERMINING MONTHLY INCOME FOR EARNINGS & WAGES

Monthly income for all household members must be reported in Section 4 of this application. Income means any money regularly received from work, child support, alimony, pensions, retirements, social security or any other source. Exclude student/school loans. Money received from a business or farm owned by you should be reported as "net income". *Net Income is defined as the total income left after business and farm operating expenses are subtracted from gross receipts.*

WIC participants may be eligible for free or reduced price meals. Homeless, migrant and runaway youth are categorically eligible for free meals.

Household members who are not paid monthly should change earnings into monthly income by doing the following:

Household members who are paid every week: Multiply total earnings and wages for one pay period, before deductions, by 52. Then divide by 12. The resulting amount is the total monthly income.

Household members who are paid every 2 weeks: Multiply total earnings and wages for one pay period, before deductions, by 26. Then divide by 12. The resulting amount is the total monthly income.

Household members who are paid twice a month: Multiply total earnings and wages for one pay period, before deductions, by 24 then divide by 12. The resulting amount is the total monthly income.

Household members who are seasonal workers or work less than 12 months: Project annual rate of income to accurately represent actual circumstances then divide by 12. The resulting amount is the projected monthly income.

FEDERAL INCOME GUIDELINES

Your children may qualify at least for reduced price meals if your household income falls within the limits of this chart.

	Reduced Price Meals				
Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
-1-	21,978	1,832	916	846	423
-2-	29,637	2,470	1,235	1,140	570
-3-	37,296	3,108	1,554	1,435	718
-4-	44,955	3,747	1,874	1,730	865
-5-	52,614	4,385	2,193	2,024	1,012
-6-	60,273	5,023	2,512	2,319	1,160
-7-	67,951	5,663	2,832	2,614	1,307
-8-	75,647	6,304	3,152	2,910	1,455
For each additional family member add	7,696	642	321	296	148

PRIVACY STATEMENT - SOCIAL SECURITY NUMBERS

The Richard B. Russell National School Lunch Act requires the information on this application. 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 last 4 digits of the social security number of the adult household member who signs the application. The last 4 digits of 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) Program case number or Food Distribution Program on Indian Reservations (FDPIR) identifier for your child 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 lunch and breakfast programs. We **may** share your eligibility information with 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. We may share the information on this form with Medicaid or the State Children's Health Insurance Program (SCHIP), unless you tell us not to. The information, if disclosed, will only be used to identify eligible children and seek to enroll them in Medicaid or SCHIP.

NON-DISCRIMINATION 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.

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 form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov
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