OMER Roster Number _____

# 2016-2017 CONFIDENTIAL INCOME STATEMENT – Child Care Centers/Family Day Care Providers

**INSTRUCTIONS:**

- If your household received SNAP, TANF or FDPIR, complete parts 1-3, and 5; part 6 is optional.
- If you do not receive these benefits and your income is below the guidelines (back) complete parts 1, 2, 4, and 5; part 6 is optional.
- If you are applying for a FOSTER CHILD only, complete parts 1, 2, and 5; 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 HOUSEHOLD INFORMATION

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

_____

Name **Print**

_____

Mailing Address – Apt #

_____

City State Zip

Home Phone or Cell Phone (Circle One)

_____

Work Phone

_____

➔ Number living in this household _____
(Write names of **all** household members on part 2 and/or part 4 of this form)

## 2 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 agency or court) If only foster care child(ren) see instructions above |
|---|---|---|---|
| 1. _____ | _____ | _____ | ❑ |
| 2. _____ | _____ | _____ | ❑ |
| 3. _____ | _____ | _____ | ❑ |

## 3 PUBLIC BENEFITS 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 on Indian Reservations)

## 4 HOUSEHOLD MEMBERS & GROSS MONTHLY INCOME – if not monthly, see back for conversions

| Column 1 List **all** household members, including children not attending school, and income. Do not include children listed in part 2, unless they receive regular income. (*Last name, first name*) | Column 2 MONTHLY INCOME (Total earnings & wages before deductions) | Column 3 MONTHLY CHILD SUPPORT, WELFARE, ALIMONY RECEIVED | Column 4 MONTHLY PENSIONS, SOCIAL SEC., RETIREMENT, SSI, VA | Column 5 OTHER MONTHLY INCOME -Including unemployment and workers comp. | Column 6 Check if No Income |
|---|---|---|---|---|---|
| 1. _____ | _____ | _____ | _____ | _____ | ❑ |
| 2. _____ | _____ | _____ | _____ | _____ | ❑ |
| 3. _____ | _____ | _____ | _____ | _____ | ❑ |
| 4. _____ | _____ | _____ | _____ | _____ | ❑ |
| 5. _____ | _____ | _____ | _____ | _____ | ❑ |
| 6. _____ | _____ | _____ | _____ | _____ | ❑ |
| 7. _____ | _____ | _____ | _____ | _____ | ❑ |

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

I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.

**Signature of Adult Household Member**

X_____

**Date Signed**

_____
Month/day/year

**Social Security Number**
(See privacy statement on back)
XXX-XX -__ __ __ __

☐ **I do not have a Social Security Number.**

## 6 RACIAL OR ETHNIC GROUP (OPTIONAL)

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

Mark one or more racial identities:
☐ Asian
☐ American Indian & Alaskan Native
☐ Native Hawaiian or Other Pacific Islander
☐ Black or African American
☐ White, not of Hispanic origin
☐ Other

**SPONSOR USE ONLY - DO NOT WRITE BELOW THIS LINE**

Total Income:_____ Number in Household:_____

Centers
Eligibility : ☐Free ☐Reduced Price ☐Above Scale
Eligibility based on : ☐SNAP/TANF ☐ FDPIR ☐Household Income ☐ Foster Child

FDCH
☐Tier 1 ☐Tier 2

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.*

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 and OTHER INFORMATION

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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