

2011/2012 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).

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 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 all are in foster care, complete this and go to part 5.

1.	_____	_____	_____	<input type="checkbox"/>
2.	_____	_____	_____	<input type="checkbox"/>
3.	_____	_____	_____	<input type="checkbox"/>
4.	_____	_____	_____	<input type="checkbox"/>
5.	_____	_____	_____	<input type="checkbox"/>

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)

Does this household receive FDPIR (Food Distribution on Indian Reservations) ☐ Yes (Go Part 5 and complete)

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

Column 1	Column 2	Column 3	Column 4	Column 5	Column 6
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)	MONTHLY INCOME (Total earnings & wages before deductions)	MONTHLY CHILD SUPPORT, WELFARE, ALIMONY RECEIVED	MONTHLY PENSIONS, SOCIAL SEC., RETIREMENT, SSI, VA	OTHER MONTHLY INCOME -including unemployment and workers comp.	Check if No Income
1. _____	_____	_____	_____	_____	<input type="checkbox"/>
2. _____	_____	_____	_____	_____	<input type="checkbox"/>
3. _____	_____	_____	_____	_____	<input type="checkbox"/>
4. _____	_____	_____	_____	_____	<input type="checkbox"/>

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

Date Signed

Social Security Number

☐ I do not have a Social Security Number.

X

Month/day/year

(See privacy statement on back)

XXX-XX -

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

FDCH

Eligibility: ☐ Free ☐ Reduced ☐ Above Scale

☐ Tier 1 ☐ Tier 2

☐ Temporary From: _____ To: _____
(maximum 45 days)

Eligibility based on: ☐ SNAP/TANF ☐ FDPIR ☐ Household Income ☐ Foster Child

Notes: _____

Determining Official's Signature: _____

Date

2nd Check (Initial)