



HDCFS Department  
Box 2218  
South Dakota State University  
Brookings, SD 57007  
(605) 688-5730 or 1-800-354-8238

Dear parent or guardian:

Your child is enrolled at the home of \_\_\_\_\_, a provider participating in the US Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP) through an agreement with our agency. Under this agreement, your provider receives reimbursement for meals served to your child while in care. The amount of reimbursement received by your provider depends on the income status of the children in care. Please provide the information requested on the enclosed Family Income Eligibility Application and return it to us as soon as possible. **Do not return the application to your provider. The form will be placed in our files and treated as confidential information.**

**Food Stamps/ Food Distribution Program on Indian Reservations (FDPIR) / Temporary Assistance for Needy Families (TANF)/National School Lunch Program (NSLP)/Low Income Families (LIF)/Medicaid (except for long term care)/Expanded Medicaid, Sales Tax on Food Refund Program, and/or Women, Infants And Children (WIC):** If your child currently receives food stamps/FDPIR benefits, TANF, or other categorically eligible programs, your child's meals are automatically eligible to be reimbursed to the provider at the higher Tier 1 reimbursement rate. Therefore, you only have to list your child's name and identification number for food stamp/ FDPIR benefits, TANF, and/or other categorically eligible programs and sign the statement.

**Foster children:** A foster child who is the legal responsibility of a welfare agency or court may be certified as eligible for higher Tier 1 reimbursement regardless of household income. A separate form must be used for each foster child. Fill out Part 3 of the application and have an adult member of the household sign the application.

**All other households:** If your household size/income is at or below the level shown on the enclosed scale, your provider is eligible for Tier 1 reimbursement for your children in care. The following information must be included on the form:

- **Household members:** List the name of the enrolled child(ren), parent(s) or guardian(s), brothers and sisters and any other persons who live in your household.
- **Current income:** List the amount of income each person earned last month (**before** deductions for taxes, social security, etc.), the frequency it was received, and where it is from, such as wages, retirement, or welfare. If any household member's income last month was higher or lower than usual, list that person's usual average monthly income.
- **Signature:** An adult household member must sign the statement.
- **Social Security Number:** List the social security number of the adult who signs the income eligibility statement. If that adult does not have a social security number, check the box.

Sincerely,

*Gail Bultman*

Gail Bultman, Coordinator  
Family Resource Network

Enclosure:      Current Income Eligibility Guidelines  
                      Income Eligibility Statement Instructions  
                      Household Income Statement

"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 Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer."

**INCOME ELIGIBILITY GUIDELINES**

These are the income scales used by the United States Department of Agriculture to determine eligibility for Tier 1 reimbursement in the Child and Adult Care Food Program. Incomes at or below this scale are eligible for Tier 1 reimbursement from July 1, 2008 to June 30, 2009.

## INCOME ELIGIBILITY GUIDELINES

	Annually	Monthly	Every 2 weeks	Twice a month	Weekly
Household Size	Reduced	Reduced	Reduced	Reduced	Reduced
1	\$19,240	\$1,604	\$740	\$802	\$370
2	\$25,900	\$2,159	\$997	\$1,080	\$499
3	\$32,560	\$2,714	\$1,253	\$1,357	\$627
4	\$39,220	\$3,269	\$1,509	\$1,635	\$755
5	\$45,880	\$3,824	\$1,765	\$1,912	\$883
6	\$52,540	\$4,379	\$2,021	\$2,190	\$1,011
7	\$59,200	\$4,934	\$2,277	\$2,467	\$1,139
8	\$65,860	\$5,489	\$2,534	\$2,745	\$1,267
For each additional family member, add	\$6,660	\$555	\$257	\$278	\$129

## FAMILY INCOME STATEMENT INSTRUCTIONS

Please complete the Child and Adult Care Food Program Family Income Statement using the instructions below. Sign the statement and return it to the sponsor. **Call the sponsor if you need help: Family Resource Network 1-800-354-8238.**

### **PART 1 - PARTICIPANT'S INFORMATION: COMPLETE THIS PART.**

(1) Print the name(s) of your own child(ren) enrolled in the day care home.

**PART 2A - HOUSEHOLDS GETTING OTHER PROGRAM BENEFITS (Food Stamp/ Food Distribution Program on Indian Reservations (FDPIR) /National School Lunch Program (NSLP)/Temporary Assistance For Needy Families (TANF)/Low Income Families (LIF)/Medicaid (except for long term care)/Expanded Medicaid, Sales Tax on Food Refund Program, Low Income Energy Assistance, and/or Women, Infants And Children (WIC): COMPLETE THIS PART AND PART 3.**

(1) List current food stamp case number or TANF or FDPIR or other categorically eligible program identification number. Do not complete Part 2B.

(2) An adult household member must **sign** the statement in PART 3.

### **PART 2B - ALL OTHER HOUSEHOLDS: COMPLETE THIS PART AND PART 3.**

(1) Write the names of everyone in your household.

(2) Write the amount of income (the amount before taxes or anything else is taken out), the frequency of income (i.e., weekly, every two weeks, twice a month, or monthly) received last month for each household member, and where it came from, such as earnings, welfare, pensions, and other income (refer to examples below for types of income to report). If any amount last month was more or less than usual, write that person's usual income.

(3) An adult household member must sign this income eligibility statement and give his/her social security number in part 3.

**PART 2C - FOSTER CHILD: COMPLETE A SEPARATE FORM FOR EACH FOSTER CHILD.** Include this part and part 3 for each foster child living in your home and enrolled in the day care home.

### **PART 3 - SIGNATURE AND SOCIAL SECURITY NUMBER: ALL HOUSEHOLDS COMPLETE THIS PART.**

(1) All income eligibility statements must have the **signature** of an adult household member.

(2) The adult household member who signs the statement must include his/her **social security number**. If he/she does not have a social security number, write "none" or something else to show that he/she does not have a social security number. If you listed a food stamp, TANF, FDPIR, or other categorically eligible program number, a social security number is not needed.

#### **INCOME TO REPORT**

#### Earnings from Employment

Wages/salaries/tips  
Strike benefits  
Unemployment compensation  
Worker's compensation  
Net income from self-owned business or farm

#### Foster Child's Income

ONLY funds from welfare agency identified by category for personal use of child (clothing, school fees, etc.) and funds from child's family for personal use and earnings from other than occasional or part-time employment. **DO NOT COUNT** funds from welfare agency for shelter, care, etc.

#### Pensions/Retirement/Social Security

Pensions  
Supplemental security income  
Retirement income  
Veteran's payments  
Social security

#### Military Households

All cash income, including military uniform allowances. Does not include "in-kind" benefits NOT paid in cash (base housing, clothing, food, medical care, etc.).

#### Other Income

Disability benefits  
Cash withdrawn from savings  
Interest/dividends  
Income from estates/trusts/investments  
Regular contributions from persons not living in the household  
Net royalties/annuities/net rental income  
Any other income  
  
Welfare/Child Support/Alimony  
Public assistance payments  
Welfare payments  
Alimony/child support payments

**FAMILY INCOME STATEMENT**  
**Child and Adult Care Food Program**

**PART 1**

Day Care Provider: \_\_\_\_\_

Name(s) of child(ren) in care:

1. \_\_\_\_\_  
 2. \_\_\_\_\_

3. \_\_\_\_\_  
 4. \_\_\_\_\_

**PART 2A - Households now getting Food Stamps, FDPIR, TANF, or other eligible programs identified in the instructions: Complete this part and sign the statement in Part 3 – Do not complete Part 2B.**

Food Stamp case number: \_\_\_\_\_ TANF identification number: \_\_\_\_\_

FDPIR identification number: \_\_\_\_\_ Other eligible program number: \_\_\_\_\_

**PART 2B - ALL OTHER HOUSEHOLDS: If you did not complete Part 2A, complete this Part and Part 3.**

MONTHLY INCOME					
Names of all Household Members	Monthly Earnings From Work (Before Deductions) Job 1	Monthly Welfare, Child Support, Alimony	Monthly Payments from Pension, Retirement, Social Security	Monthly Earnings from Job 2 or any Other Income	Check if no income
_____	\$ _____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>
_____	\$ _____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>
_____	\$ _____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>
_____	\$ _____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>
_____	\$ _____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>
_____	\$ _____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>
_____	\$ _____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>
_____	\$ _____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>

**PART 2C - FOSTER CHILD: Complete this Part and Part 3. If this is a foster child check here [ ] and write the child's personal use income here: \$ \_\_\_\_\_/month (Write "0" if the child has no personal use income.)**

**PART 3 - SIGNATURE: An adult household member must sign the statement before it can be approved.**

**PENALTIES FOR MISREPRESENTATION:** I certify that all of the above information is true and correct and that the food stamp, FDPIR, or TANF number is correct or that all income is reported. I understand that this information is being given for the receipt of Federal funds; that institution officials may verify the information on the statement and the deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

Signature of adult: \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

I do not have a Social Security Number

Printed name of adult: \_\_\_\_\_ Date signed: \_\_\_\_\_

Home telephone \_\_\_\_\_ Work telephone \_\_\_\_\_ Home address \_\_\_\_\_ Zip code \_\_\_\_\_

Section 9 of the National School Lunch Act requires that, unless the participant's food stamp, FDPIR, TANF or other categorically eligible program number is provided, the social security number of the household member signing the statement must be provided or an indication that the household member signing the statement does not possess a social security number. Provision of a social security number is not mandatory, but if a social security number is not provided or an indication is not made that the adult household member signing the statement does not have one, the statement cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the statement. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a food stamp, FDPIR, or TANF office to determine current certification for receipt of food stamps, FDPIR, or TANF benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported.

**For Sponsor Use Only:**

Food stamp/FDPIR/TANF, or other household categorically eligible for program benefits: [ ] Yes [ ] No

MONTHLY INCOME CONVERSION: WEEKLY X 4.33, EVERY 2 WEEKS X 2.15, TWICE A MONTH X 2

Total family income: \_\_\_\_\_ Family size: \_\_\_\_\_

Eligible: \_\_\_\_\_ NOT Eligible: \_\_\_\_\_

Determining official: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_