

# 2009/2010 CONFIDENTIAL INCOME STATEMENT - Family Day Care Home Providers

## INSTRUCTIONS

- If your household receives SNAP (Supplemental Nutrition Assistance Program - formerly the Food Stamp Program), TANF or FDIPIR, complete parts 1-2, and 6; part 3 is optional.
- If you do not receive these benefits and your income is below the guidelines, complete parts 1-6 (part 3 is optional).
- If you are applying for a FOSTER CHILD, complete parts 1, 5-6; part 3 is optional.

## 1 HOUSEHOLD INFORMATION

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

L \_\_\_\_\_

Mailing Address (Street address or P.O. Box)

L \_\_\_\_\_

City, State, Zip Code

L \_\_\_\_\_

Home Phone

L \_\_\_\_\_

Work Phone

L \_\_\_\_\_

Total Number of persons living in this household \_\_\_\_\_  
(Write names of all household members on parts 2 and/or 4 of this form)

### PUBLIC BENEFITS INFORMATION

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

- SNAP (Supplemental Nutrition Assistance Program) case number \_\_\_\_\_ (Oregon Trail Card number not acceptable)
- TANF (Temporary Assistance to Needy Families) case number \_\_\_\_\_ (Employment Related Day Care does not qualify)
- FDIPIR (Food Distribution Program on Indian Reservations)

## 2 CHILD INFORMATION

Child's Name (Last name, first name)

Birth date

Age

1. L \_\_\_\_\_ L \_\_\_\_\_ L \_\_\_\_\_

2. L \_\_\_\_\_ L \_\_\_\_\_ L \_\_\_\_\_

3. L \_\_\_\_\_ L \_\_\_\_\_ L \_\_\_\_\_

4. L \_\_\_\_\_ L \_\_\_\_\_ L \_\_\_\_\_

## 3 RACIAL OR ETHNIC IDENTITY (not required)

Please check your child's racial 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: \_\_\_\_\_

## 4 HOUSEHOLD MEMBERS & MONTHLY INCOME - Sponsor may require income verification

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

OTHER MONTHLY INCOME -Including unemployment and workers comp.

Check if No Income

1. L \_\_\_\_\_ L \_\_\_\_\_ L \_\_\_\_\_ L \_\_\_\_\_ L \_\_\_\_\_

2. L \_\_\_\_\_ L \_\_\_\_\_ L \_\_\_\_\_ L \_\_\_\_\_ L \_\_\_\_\_

3. L \_\_\_\_\_ L \_\_\_\_\_ L \_\_\_\_\_ L \_\_\_\_\_ L \_\_\_\_\_

4. L \_\_\_\_\_ L \_\_\_\_\_ L \_\_\_\_\_ L \_\_\_\_\_ L \_\_\_\_\_

## 5 FOSTER CHILD INFORMATION Complete a separate form for each foster child

Child's Name (Last name, First name)

Birth Date

Age

Child's Monthly Personal Use Income

L \_\_\_\_\_ L \_\_\_\_\_ L \_\_\_\_\_ L \_\_\_\_\_

## 6 SIGNATURE, DATE & SOCIAL SECURITY NUMBER

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.

Signature of Adult Household Member

Date Signed

Social Security Number \* (See privacy statement)

Check here if signer does not have a Social Security #

X \_\_\_\_\_

Month/day/year

L L L -L L -L L L L

## 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.

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 4.33. 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 2.15. 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 2. The resulting amount is the total monthly income.

Note: 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.*

## PRIVACY STATEMENT - SOCIAL SECURITY NUMBERS

Section 9 of the National School Lunch Act requires that, unless your child's SNAP case number/FDPIR case number or other identifier or TANF case number is provided, you must include the social security number of the adult household member signing the application or indicate that the household member signing the application does not have a social security number. Provision of a social security number is not mandatory, but if a social security number is not given or an indication is not made that the signer does not have such a number, the application 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 application. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a SNAP, TANF or FDPIR office to determine current certification for receipt of these benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by household members 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.

## NON-DISCRIMINATION STATEMENT

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discrimination 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, SW, Washington, D.C. 20250-9410 or call, toll free (866) 632-9992 (Voice). TDD users can contact USDA through local relay or the Federal relay at (800) 877-8339 (TDD) or (866)377-8642 (relay voice users). USDA is an equal opportunity provider and employer.

### FOR SPONSOR USE ONLY - DO NOT WRITE BELOW THIS LINE

ELIGIBILITY (check applicable box)	APPROVED
<input type="checkbox"/> SNAP # _____ <input type="checkbox"/> TANF # _____ <input type="checkbox"/> FDPIR _____  <input type="checkbox"/> HOUSEHOLD INCOME Household size: _____  Total household income: \$ _____  Amount from Income Eligibility Guidelines based on household size \$ _____  <input type="checkbox"/> FOSTER CHILD Household size: _____  Total personal use income: \$ _____	<input type="checkbox"/> Tier I - (Provider eligible by area-no documentation required) <input type="checkbox"/> Tier I - (Provider eligible by income -documentation required) <input type="checkbox"/> Tier I TEMPORARY for \$0 Income Temporary Approval for Tier 1 until: _____ <span style="padding-left: 150px;">(maximum 45 days)</span> After 45 days obtain a new form or claim as Tier 2  Provider eligible to claim own child/ren? <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Tier 2 (Inadequate income documentation, application incomplete, or income too high)  <u>Monthly Income Conversions:</u> (If required, use these figures to convert income to monthly amount) Weekly x 4.33 Every 2 weeks x 2.15 Twice a month x 2

Signature of Official Determining Eligibility _____	Date _____	<input type="checkbox"/> Double Check _____ (Recommended but not required)
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