

2009/2010 CONFIDENTIAL INCOME STATEMENT - Family Day Care Tier 2 / Family Income

INSTRUCTIONS

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

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)

L _____

Street Address – apt #

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 3 and/or 5 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*)
- FDPIR (Food Distribution Program on Indian Reservations) WIC Head Start
- OHP (Oregon Health Plan) case number _____ Free/Reduced Price School Meals on National School Lunch Program

3 CHILD INFORMATION

Names of Children in Care
(*Last name, first name*)

Birth Date

Age

1. L _____ L _____ L _____

2. L _____ L _____ L _____

3. L _____ L _____ L _____

4 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 Native Hawaiian or Other Pacific Islander
- Asian White
- Black or African American Other:

5 HOUSEHOLD MEMBERS & MONTHLY INCOME

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 _____

6 FOSTER CHILD INFORMATION (Complete a separate form for each foster child and list foster child's SSN in #7)

Child's Name

Birth Date

Age

Child's Monthly Personal Use Income

L _____ L _____ L _____ L _____

7 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 5 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"/> OHP <input type="checkbox"/> TANF # _____ <input type="checkbox"/> HEAD START <input type="checkbox"/> FDPIR <input type="checkbox"/> WIC <input type="checkbox"/> NSLP (National School Lunch Free or Reduced Price Meals) <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 1 <input type="checkbox"/> Tier 2 (application incomplete or income too high) <u>Monthly Income Conversions:</u> (if required, use these figures to convert income to monthly amount) <ul style="list-style-type: none"> • Weekly x 4.33 • Every 2 weeks x 2.15 • Twice a month x 2
Signature of Official Determining Eligibility _____ <div style="text-align: right; margin-right: 50px;">Date _____</div>	<input type="checkbox"/> Double Check _____ (recommended but not required)