

HOUSEHOLD SIZE—INCOME STATEMENT

APPLICATION STATEMENT OF HOUSEHOLD SIZE—INCOME FOR THE CHILD AND ADULT CARE FOOD PROGRAM (CHILD CARE COMPONENT) INSTRUCTIONS: An adult household member must complete and return to center. (FFY 2012, Rev. 6/11)

Name(s) of Child(ren)	Center
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FOSTER CHILDREN: Meals served to foster children are eligible for reimbursement at the free price rates regardless of the foster household's income. If you have foster children living with you and wish to apply for such meals for them, you may include the foster children as household members on the same application that includes the non-foster children. Only report income personally received by the foster children.

PART 1—HOUSEHOLDS RECEIVING FOOD STAMPS (FOODSHARE WISCONSIN), FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPIR), OR WISCONSIN WORKS (W-2) CASH BENEFITS

If you are NOW receiving Food Stamps (FoodShare Wisconsin), FDPIR and/or W-2 Cash Benefits for these children you only have to give your Food Stamp (FoodShare Wisconsin), FDPIR or W-2 Cash Benefits case number. **DO NOT give numbers for Medicaid, SSI, W-2 Child Care Assistance or Quest Card (16 digit number).** Complete PART 3, sign and date the form and return it to the center's office. **Do not complete PART 2.**

YES, I receive Food Stamps (FoodShare Wisconsin), or FDPIR and/or W-2 Cash Benefits this month for this child. Provide case number on appropriate line if establishing eligibility as a household currently receiving Food Stamps, FDPIR, or W-2 Cash Benefits.

Food Stamp Case (FoodShare Wisconsin) No. is (a ten digit number) _____
 W-2 Cash Benefits Case No. is (a ten digit number): _____
 FDPIR Case No. is (a nine digit number) _____

PART 2—ALL OTHER HOUSEHOLDS

If you did not give a Food Stamp (FoodShare Wisconsin), FDPIR, or W-2 Cash Benefits case number, you MUST complete the following information or your application cannot be approved.

Name and the last four (4) digits of the Social Security Number of Adult Household Member who signs this form.

Name: _____ Social Security Number (List last 4 digits) _____ I do not have a Social Security Number

HOUSEHOLD MEMBERS: List below the names of **everyone** living in your household; include yourself and the child(ren) listed above.

INCOME: List all income received and how often it was received on the same line with the person who received it. You must list gross income BEFORE deductions or taxes, social security, etc. (Self-employed individuals should report net income.) List each amount under the correct title. Use the following conversion factors to determine monthly income: Weekly income x 4.33 = Monthly income. Every 2 weeks income x 2.15 = Monthly income. Twice a month income x 2 = Monthly income.

LIST ALL HOUSEHOLD MEMBERS		GROSS INCOME AND HOW OFTEN IT WAS RECEIVED					Check If NO income
Name (Last, First)	Age	Earnings from Work (Before Deductions)	Welfare Payments Child Support and/or Alimony	Payments from Pensions Retirement Social Security	All Other Income Received Last Month		
(Example) Jane Smith (Check if Foster Child) <input type="checkbox"/>	32	\$200/weekly	\$150/bi-weekly	\$100/monthly			<input type="checkbox"/>
1. _____ <input type="checkbox"/>	_____	/	/	/	/		<input type="checkbox"/>
2. _____ <input type="checkbox"/>	_____	/	/	/	/		<input type="checkbox"/>
3. _____ <input type="checkbox"/>	_____	/	/	/	/		<input type="checkbox"/>
4. _____ <input type="checkbox"/>	_____	/	/	/	/		<input type="checkbox"/>
5. _____ <input type="checkbox"/>	_____	/	/	/	/		<input type="checkbox"/>
6. _____ <input type="checkbox"/>	_____	/	/	/	/		<input type="checkbox"/>

PART 3—ALL HOUSEHOLDS Please check the ethnic and racial identity of your child(ren). You are not required to answer this question. The collection of this information is strictly for statistical reporting and will have no effect on determination of eligibility for benefits.

ETHNICITY: Hispanic or Latino Not Hispanic or Latino

RACE: American Indian or Alaska Native Black or African American White Asian Native Hawaiian or Other Pacific Islander

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 for the receipt of federal funds; that agency officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws. The signature on this application is that of an adult household member.

Print Name and Address, Street, City, Zip

Signature of Adult Household Member	Signature Date Mo./Day/Yr.	Work:	Telephone Number Home:
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FOR CENTER USE ONLY		
Basis of Determining Eligibility <input type="checkbox"/> Total Household Size _____ <input type="checkbox"/> Total Monthly Income \$ _____	Eligibility Determination <input type="checkbox"/> Free <input type="checkbox"/> Free (based on zero income) [temporarily until: _____ (45 days)] <input type="checkbox"/> Reduced <input type="checkbox"/> Non-Needy	Determining Official's Initials and Date _____ (Expires in one year from signature date of adult household member)