



Adult Day Centers HOUSEHOLD SIZE—INCOME STATEMENT

FFY 2024, rev. 6/23
Child and Adult Care Food Program

Complete this form (HSIS) and return it to the center. Complete one HSIS per household.
Refer to the accompanying *Household Letter* for instructions on completing this form.

First and Last Name(s) of Enrolled Participants:	Center
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PART 1: BENEFITS
Do any household members currently receive FoodShare WI or FDPIR or does the enrolled participant(s) receive SSI or Medicaid?
If yes, check the program and write the corresponding case number below; then go to PART 3. If no, skip to PART 2.

<input type="checkbox"/> FoodShare Wisconsin (10-digit case number): DO NOT list a 16-digit Quest Card number: _____	<input type="checkbox"/> SSI (10-digit case number): Only if enrolled participant receives SSI. _____
<input type="checkbox"/> FDPIR (9-digit case number): _____	<input type="checkbox"/> Medicaid (10-digit case number): Only if enrolled participant receives Medicaid. _____

PART 2: HOUSEHOLD SIZE AND INCOME
If you did not complete PART 1, complete a, b, and c below; then go to PART 3.

a) Household Members Information List full names of all members in first column below	b) List all income on the same line as the person who receives it. <ul style="list-style-type: none"> Record each income source only once. Check the box for how often each income source is received.
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Household Member Names	Check if No Income	Gross wages, Net income (self-employed), Tips, Commission, Cash bonuses, Military pay & allowances, Work comp, Unemployment	Weekly				Every 2 Weeks				Twice per Month				Retirement, Social Security, SSI, Disability, VA benefits, Child Support, Alimony	Private pensions, Trusts, Annuities, Investments, Interest, Net rental income, Savings withdrawals, Any other income			
			Weekly	Every 2 Weeks	Twice per Month	Monthly	Weekly	Every 2 Weeks	Twice per Month	Monthly	Weekly	Every 2 Weeks	Twice per Month	Monthly		Weekly	Every 2 Weeks	Twice per Month	Monthly
Household Member: anyone who is living with you and shares income and expenses, even if not related.	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

c) Record total # of household members: _____

PART 3: SIGNATURE
An adult household member must sign and date this form

If PART 2 is completed, the adult signing the form must list the last four digits of their SS# OR check "None" if they do not have a SS#.

ETHNICITY AND RACE DATA COLLECTION – Completion is optional
This center is required by Federal law to ask the following two questions concerning ethnicity and race. Your answers are strictly for statistical reporting and will have no effect on determination of eligibility for benefits. **Please answer both questions.**

IS THE ENROLLED PARTICIPANT(S) HISPANIC OR LATINO? Yes, Hispanic or Latino No, neither Hispanic nor Latino

SELECT ONE OR MORE OF THE FOLLOWING CATEGORIES THAT APPLY TO THE ENROLLED PARTICIPANT(S):
 American Indian or Alaska Native Black or African American White Asian Native Hawaiian or Other Pacific Islander

I CERTIFY that all information on this form is true. I understand that this information is given in connection with the receipt of Federal funds and that CACFP officials may verify the information. I am aware that if I purposely give false information, the center may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.

Signature of Adult Household Member	Signature Date <i>Mo./Day/Yr.</i>	Last 4 digits of SS# (or check "None" if you do not have a SS#) ***-**-_____ <input type="checkbox"/> None
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FOR CENTER USE ONLY – Complete all 3 sections

Section 1: Basis of Determining Eligibility (A or B)	Section 2: Eligibility Determination	Section 3: Determining Official's Initials/Approval Date Effective Month of Determination
A. Household Size & Income Total Household Size _____ *Total Income \$ _____ / _____ (\$ Amount) (Time Period)	B. Benefits <input type="checkbox"/> FoodShare WI <input type="checkbox"/> FDPIR <input type="checkbox"/> SSI <input type="checkbox"/> Medicaid <input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Non-Needy	Initials/Date: _____ **Effective Month of Determination: _____ <div style="text-align: right;">Month/Year</div>

*Convert to yearly income <u>only</u> when multiple pay frequencies are reported, using only these multipliers:	Weekly x 52 ----- Every 2 weeks x 26	Twice a month x 24 ----- Monthly x 12
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**This form expires one year from the Effective Month of Determination.