



Determining Household Size Income Statements and Verification: A Step-by-Step Guide (Family Day Care Home Component)

Table of Contents

Eligibility Determination Terms:	2
Different HSIS Forms for 3 Eligibility Scenarios	2
Attachment 1: Claiming Provider’s Own/Residential Foster Children	2
Attachment 2: Establishing Provider’s Tier 1 Status.....	2
Attachment 3: Establishing Tier 1 Status for Children Enrolled in Tier 2 Homes	3
The Household Size-Income Statement Form	5
Name(s) of Enrolled Children and Provider Information	5
Enrolled Children.....	5
Provider Information.....	5
PART 1: Benefits	6
Required Information.....	6
Reviewing Part 1 for Completeness:.....	8
Making Eligibility Determinations based on Benefits Programs	8
PART 2: Household Size and Income	9
Required Information.....	9
Calculating Income.....	9
Reviewing Part 2 for Completeness / Calculating Income.....	10
Making Eligibility Determinations based on Household Size/Income	11
Foster Children	12
Reviewing and Determining HSIS - Households with Only Foster Children Enrolled	12
Reviewing and Determining HSIS - Households with Foster & Non-foster Children Enrolled.....	13
PART 3: Signature	14
Required Information.....	14
Reviewing Part 3 for Completeness.....	15
HSIS Approval	15
Section 3: Determining Official’s Initials/Approval date and Effective Month of Determination	15
Duration of HSIS Validity Period	17
HSIS Verification Requirements	18
Insufficient Documents, Incomplete Information, and/or Discrepancies:	18
Support Documentation and Verification Process	19
Benefit Programs.....	19
Household Income.....	20

Overview of Reviewing and Determining Household Size-Income Statements (HSIS)

Use this guide for instructions on:

- Reviewing and determining the eligibility of each HSIS. Valid (*current, complete, and correctly determined*) HSIS must be on file for providers receiving Tier 1 rates for meal reimbursement.
- Verifying HSIS support documentation

All collected HSIS, including those for providers and children who are no longer enrolled, must be:

- Retained on file for the current Federal Fiscal Year (FFY) (October 1 to September 30) plus the past three FFY
- Kept confidential

Determining Household Size Income Statements and Verification: A Step-by-Step Guide

Eligibility Determination Terms:

- HSIS for Attachment 1 and 2 will be determined as “Eligible” or “Not Eligible”.
- HSIS for Attachment 3 will be determined as “Tier 1 Eligible” or “Tier 2 Eligible”.

To be inclusive of the eligibility determination terms for all 3 attachments throughout this guide:

- The inclusive term “**Eligible / Tier 1 Eligible**” is used when the HSIS is determined as eligible for Tier 1 meal rates.
- The inclusive term “**Not Eligible / Tier 2 Eligible**” is used when the HSIS is determined as not eligible for meals or is eligible for Tier 2 meal rates.

Different HSIS Forms for 3 Eligibility Scenarios

The FDCH component has three eligibility scenarios that require completion of different HSIS forms. They are part of [GMI](#) as Attachments 1, 2 and 3.

Attachment 1: Claiming Provider’s Own/Residential Foster Children

A provider completes [Attachment 1: Provider Letter / HSIS for Provider’s Own/Residential Foster Children](#) when they have been determined as Tier I based on area-eligibility and would like to claim reimbursement for meals served to their own enrolled children, residential foster children, and/or other children residing in their home. These children are referred to as “Provider’s Own Children”.
(Refer to the Provider’s Own Children section in [GMB – Criteria for Meal Reimbursement](#) for further information.)

HOUSEHOLD SIZE-INCOME STATEMENT (HSIS)	
<p>For Census/School Data Eligible Providers to claim Provider’s Own/Residential/Foster Children: Complete and return to your sponsor for establishing eligibility of your own children, other children residing in your home, and/or residential foster children. Refer to the accompanying <i>Provider Letter</i> for instructions on completing this form.</p>	
First and Last Name(s) of Residential Child(ren)	Provider Name/Number

Eligibility Determinations

The eligibility determinations of these children are either “Eligible” or “Not Eligible”.

- If they are “Not Eligible”, the provider cannot receive reimbursement for the meals served to them.

FOR SPONSORING ORGANIZATION 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 and Effective Month of Determination
<p>A. Household Size & Income</p> <p>Total Household Size _____</p> <p>*Total Income \$ _____ / _____ (\$ Amount) (Time Period)</p>	<p>B. Benefits/Foster</p> <p><input type="checkbox"/> FoodShare WI</p> <p><input type="checkbox"/> W-2 Programs</p> <p><input type="checkbox"/> FDPIR</p> <p><input type="checkbox"/> Foster Child(ren)</p>	<p>Initials/Date: _____</p> <p>**Effective Month of Determination: _____ Month/Year</p>

Attachment 2: Establishing Provider’s Tier 1 Status

A provider completes [Attachment 2: Provider Letter / HSIS for Establishing Provider’s Tier 1 Status](#) when they do not qualify for area-eligibility (based on school or census data) and would like to establish eligibility as a Tier I home using their household size and income level or receipt of benefits.

HOUSEHOLD SIZE-INCOME STATEMENT (HSIS)	
<p>For Establishing Provider’s Tier 1 Status: Complete and return this form to your sponsor for establishing eligibility as a Tier 1 provider, along with documentation supporting all listed sources of household income OR your household’s participation in Benefits Programs. Refer to the accompanying <i>Provider Letter</i> for instructions on completing this form.</p>	
Provider’s Name	Provider Number

Determining Household Size Income Statements and Verification: A Step-by-Step Guide

Verification Documents

The provider must submit documentation with their completed HSIS supporting all benefits / household size and income information reported on the form (*as explained in the instructions at the top of the HSIS form; see screenshot above*).

- Go to the section [Verification of HSIS for Establishing Provider’s Tier 1 Status](#) in this guide for detailed instructions on the required documents that must be submitted and verified by the sponsor.

Eligibility Determinations

The eligibility determination of the provider is either “Eligible” or “Not Eligible”. (*See screenshot below*)

FOR SPONSORING ORGANIZATION 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 and Effective Month of Determination
A. Household Size & Income Total Household Size _____ *Total Income \$ _____ / _____ <small>(\$ Amount) (Time Period)</small>	B. Benefits/Foster <input type="checkbox"/> FoodShare WI <input type="checkbox"/> W-2 Programs <input type="checkbox"/> FDPIR <input type="checkbox"/> Foster Child(ren)	<input type="checkbox"/> Eligible <input type="checkbox"/> Not Eligible	Initials/Date: _____ **Effective Month of Determination: _____ Month/Year

If the provider is “Not Eligible”, they may either:

- Receive Tier 2 meal rates served to their non-residential children (*and cannot claim their own or residential children*);
or
- Request to distribute [Attachment 3: Household Letter / HSIS for Establishing Tier 1 Status for Children Enrolled in Tier 2 Homes](#) to the families of their enrolled non-residential children to complete HSIS for potentially receiving Tier 1 rates for their meals.

Attachment 3: Establishing Tier 1 Status for Children Enrolled in Tier 2 Homes

A Tier 2 provider requests the sponsor to distribute [Attachment 3: Household Letter / HSIS for Establishing Tier 1 Status for Children Enrolled in Tier 2 Homes when they would like](#) to receive Tier 1 rates for meals served to their enrolled non-residential children based on their families’ household size and income level or receipt of benefits.

HOUSEHOLD SIZE-INCOME STATEMENT (HSIS)		
For Establishing Tier 1 Eligibility for Children Enrolled in Tier 2 Homes: An adult household member must return this completed form to the sponsoring organization or to the provider upon their consent (<i>Initial consent statement in Part 3</i>) Refer to the accompanying Household Letter for instructions on completing this form.		
First and Last Name(s) of Enrolled Child(ren)	Sponsoring Organization	Provider Name/Number

Determining Household Size Income Statements and Verification: A Step-by-Step Guide

Additional Benefits programs-Tier 1 Rates for Children Enrolled in Tier 2 Homes

In addition to FoodShare WI, Wisconsin Works (W-2) Programs, and FDPIR, children enrolled in Tier 2 homes may qualify for Tier 1 meal rates if their family lists

PART 1: BENEFITS	
Do any household members currently participate in FoodShare WI, WI Works Programs, FDPIR, WIC, Respite Care, or TEFAP? 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"/> Wisconsin Works (W-2) Programs (10-digit case number): Wisconsin Shares Child Care Subsidy benefits is NOT a W-2 Program. It does not qualify a child as Tier 1 eligible. _____
<input type="checkbox"/> FDPIR (9-digit case number): _____	<input type="checkbox"/> WIC Case #: _____ <input type="checkbox"/> Respite Care <input type="checkbox"/> TEFAP

valid case numbers in Part 1 of the HSIS for receiving benefits from any of the following programs:

- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- Respite Care
- The Emergency Food Assistance Program (TEFAP)

Transmission of HSIS by Tier 2 Providers

Tier 2 providers have the option of assisting with the transmission of completed HSIS from families of enrolled children to the sponsor for eligibility determinations. Families choosing to return their completed form back to the provider for forwarding it to the sponsor on their behalf must initial the household member consent statement in Part 3 at the bottom of the HSIS form.

- Review the section *Transmission of HSIS by Tier 2 Providers* in [GMI – Household Size Income Statements](#) for further information.

PART 3: Signature		
An adult household member must sign and date this form.		
If Part 2 is complete, the adult signing the form must list the last four digits of their SS# OR check "None" if they do not have a SS#.		
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 home provider caring for my children may lose meal reimbursement, and I may be prosecuted under applicable State and Federal laws.		
Signature of Adult Household Member	Signature Date Mo./Day/Yr.	Last 4 digits of SS# (or check "None" if you do not have a SS#) *** ** <input type="checkbox"/> None
Initial here if you have provided consent to your provider for collecting and forwarding your completed HSIS to the sponsor with the understanding that the provider is not allowed to review your completed HSIS. If you choose to not provide this consent, email, mail, or fax your completed HSIS directly to the sponsor using the contact information listed in the Household Letter provided with this form.		

Eligibility Determinations

The eligibility determination of the children is either "Tier 1 Eligible" or "Tier 2 Eligible". (See screenshot below)

If the provider's enrolled children are Tier 1 Eligible based on the determination of their family's completed HSIS, the provider will receive Tier 1 rates for the meals served to these children. The provider will receive Tier 2 rates for meals served to children who are Tier 2 Eligible.

FOR SPONSORING ORGANIZATION 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 and Effective Month of Determination
A. Household Size & Income Total Household Size _____ *Total Income \$ _____ / _____ <small>(15 Amount) (1 Time Period)</small>	B. Benefits/Foster <input type="checkbox"/> Receives ≥ 1 of 6 Qualifying Benefits <input type="checkbox"/> Foster Child(ren)	Initials/Date: _____ **Effective Month of Determination: _____ Month/Year
	<input type="checkbox"/> Tier 1 Eligible <input type="checkbox"/> Tier 2 Eligible	

Providers who receive a combination of Tier 1 and Tier 2 meal rates are referred to as "Tier Mixed" providers.

Determining Household Size Income Statements and Verification: A Step-by-Step Guide

Before Distributing Attachment 3 to Families:

Before sending copies of the *Household Letter* and HSIS to the families of all enrolled children for their completion and return of the form, **the sponsor must:**

1. List their agency's name along with the provider's name and number on the blank HSIS form:

CHILD AND ADULT CARE FOOD PROGRAM (CACFP) For Establishing Tier 1 Eligibility for Children Enrolled in Tier 2 Homes		HOUSEHOLD LETTER	FFY 2024, Rev. 06/23
HOUSEHOLD SIZE-INCOME STATEMENT (HSIS)			
<p>For Establishing Tier 1 Eligibility for Children Enrolled in Tier 2 Homes: An adult household member must return this completed form to the sponsoring organization or to the provider upon their consent (<i>Initial consent statement in Part 3</i>) Refer to the accompanying <i>Household Letter</i> for instructions on completing this form.</p>			
First and Last Name(s) of Enrolled Child(ren)	Sponsoring Organization	Provider Name/Number	
Justin and Joseph Sinclair	We Care Inc.	Samantha Jenkins / 123456	

2. Complete the bottom section of its accompanying *Household Letter* for where the families are to return the completed form if choosing to submit it directly to the sponsor:

Submitting Completed HSIS for Eligibility Determination: You must submit your completed HSIS for the sponsor to make an eligibility determination. Your provider may offer to collect the completed HSIS from the families of their enrolled children and then forward them to the sponsor for making eligibility determinations. If the provider offers to collect the completed HSIS, you may choose to submit your completed HSIS by either:

- Giving your completed HSIS to the provider with your consent (by initialing the household member consent statement in Part 3 of the HSIS) for them to forward your completed HSIS to the sponsor on your behalf; OR
- Submitting the completed HSIS directly to the Sponsor by email, regular mail, or fax to the sponsor at:

Name	We Care Inc.	Email	WeCare@gmail.com	Address	702 South Bennett St., Hudson WI 55667	Fax	608.210.4411
------	--------------	-------	------------------	---------	--	-----	--------------

We Care Inc. is not allowed to share any of your children's eligibility information or their eligibility determination with your provider. If you have any questions or concerns, call Jeremiah Samuelson with We Care Inc. at 608.210.4410

Jeremiah G. Samuelson
Signature of Sponsor Representative

The Household Size-Income Statement Form

Name(s) of Enrolled Children and Provider Information

Enrolled Children

First and last names of the enrolled children must be written as they appear on the enrollment forms. (*Nicknames, abbreviations, initials, etc. must not be listed.*) Households that have more than one child enrolled may include all names at the top of the HSIS.

- Review this information to verify that the full names of each enrolled child from the household are listed as their names appear on the enrollment forms.

Provider Information

The provider's full name as it appears on their regulation and sponsor's assigned provider number must be written in its applicable space depending on which HSIS is being completed.

- Review this information to verify the provider's full name is listed and as it appears on their regulation; confirm the provider number is correct.
- Attachment 1 - Claiming Provider's Own Children

CHILD AND ADULT CARE FOOD PROGRAM (CACFP) For Provider's Own/Residential/Foster Children - FFY 2024		PROVIDER LETTER (for Census/School Data Eligible Providers)	Rev. 06/23
HOUSEHOLD SIZE-INCOME STATEMENT (HSIS)			
<p>For Census/School Data Eligible Providers to claim Provider's Own/Residential/Foster Children: Complete and return to your sponsor for establishing eligibility of your own children, other children residing in your home, and/or residential foster children. Refer to the accompanying <i>Provider Letter</i> for instructions on completing this form.</p>			
First and Last Name(s) of Residential Child(ren)	Provider Name/Number		
Sally and Jackson Jenkins	Samantha Jenkins / 123456		

Determining Household Size Income Statements and Verification: A Step-by-Step Guide

- Attachment 2 – Establishing Provider’s Tier 1 Status

CHILD AND ADULT CARE FOOD PROGRAM (CACFP) For Establishing Provider's Tier 1 Status – FFY 2024		PROVIDER LETTER	Rev. 06/23
HOUSEHOLD SIZE-INCOME STATEMENT (HSIS)			
<p>For Establishing Provider's Tier 1 Status: Complete and return this form to your sponsor for establishing eligibility as a Tier 1 provider, along with documentation supporting all listed sources of household income OR your household’s participation in Benefits Programs. Refer to the accompanying <i>Provider Letter</i> for instructions on completing this form.</p>			
Provider's Name Samantha Jenkins		Provider Number 123456	

- Attachment 3 – Establishing Tier 1 Eligibility for Children Enrolled in Tier 2 Homes

CHILD AND ADULT CARE FOOD PROGRAM (CACFP) For Establishing Tier 1 Eligibility for Children Enrolled in Tier 2 Homes		HOUSEHOLD LETTER	FFY 2024, Rev. 06/23
HOUSEHOLD SIZE-INCOME STATEMENT (HSIS)			
<p>For Establishing Tier 1 Eligibility for Children Enrolled in Tier 2 Homes: An adult household member must return this completed form to the sponsoring organization or to the provider upon their consent (<i>Initial consent statement in Part 3</i>) Refer to the accompanying <i>Household Letter</i> for instructions on completing this form.</p>			
First and Last Name(s) of Enrolled Child(ren) Justin and Joseph Sinclair	Sponsoring Organization We Care Inc.	Provider Name/Number Samantha Jenkins / 123456	

PART 1: Benefits

If nothing is documented in Part 1, go to [Part 2](#) to determine whether the household is Eligible/Tier 1 Eligible or Not Eligible/Tier 2 Eligible based on household size and income.

PART 1: BENEFITS	
Do any household members currently participate in FoodShare WI, WI Works Programs, or FDPIR? 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"/> Wisconsin Works (W-2) Programs (10-digit case number): Wisconsin Shares Child Care Subsidy benefits is NOT a W-2 Program. It does not qualify a child as free in the CACFP. _____
<input type="checkbox"/> FDPIR (9-digit case number): _____	_____

Required Information

The household must list the valid case number issued to them for the one or more of the following benefits programs to indicate they currently receive the benefits:

- FoodShare Wisconsin
- FDPIR (Food Distribution Program on Indian Reservations)
- Wisconsin Works (W-2) Programs
- Refer to the section [Additional benefits programs that qualify children enrolled in Tier 2 Homes for Tier I Rates](#) of this guide for the HSIS in [Attachment 3](#).

➤ The listed case numbers must be in the benefit program’s specified format to be [valid](#).

Valid Case Numbers

If the household reports a number with less or more than the required number of digits and/or does not meet the specified format of the benefits program’s case number, the household has provided an invalid case number.

Determining Household Size Income Statements and Verification: A Step-by-Step Guide

The chart below specifies the required format of the case number for each of the benefits programs:

FoodShare Wisconsin [<i>Supplemental Nutrition Assistance Program (SNAP)</i>] → Must be a 10-digit number If the household records the 16-digit Quest Card number or a 10-digit number starting with 5077, the household has provided an invalid FoodShare case number.			
FDPIR [<i>Food Distribution Program for Indian Reservations</i>] → Must be a 9-digit number			
Wisconsin Works (W-2) Programs → Must be a 10-digit number Wisconsin Works (W-2) Programs is Wisconsin’s Temporary Assistance for Needy Families (TANF) which provides temporary cash assistance through work placement and training programs. Eligible W-2 Programs are listed below.			
Trial Employment Match Program (TEMP)	Community Service Job (CSJ)	Custodial Parent of an Infant (CMC)	At Risk Pregnancy (ARP)
W-2 Transitions (W-2 T)	Minor Parents Services	Noncustodial Parents	Pregnant Women
Learnfare	Emergency Payments		
Wisconsin Works (W-2) Programs IS NOT the Wisconsin Shares Child Care Subsidy Program. Wisconsin Child Care Subsidy eligibility does NOT qualify a household as Eligible / Tier 1 Eligible. → If you have knowledge that the household does not receive Wisconsin Works Programs benefits and reported their Wisconsin Child Care Subsidy case number, the household has provided an invalid W-2 Programs case number.			

Extended Benefit Program Eligibility

When any member of a household is receiving benefits from FoodShare Wisconsin, FDPIR, or Wisconsin Works (W-2) Programs has been determined as Tier 1 eligible on their HSIS, this Tier 1 eligibility determination extends to all other household members.

- Regardless of where they reside, children retain the household’s HSIS Tier 1 eligibility determination approved while they were household members for the duration of the HSIS determination’s validity period;
- The children’s Tier 1 eligibility status acquired from their previous household’s HSIS does not extend to the children in their new household.
- Sponsors must obtain or transfer a copy of the Tier 1 eligible HSIS approved for a child’s previous household to honor that child’s extended Tier 1 eligibility at their new household.

They must also ensure:

- The child’s extended Tier 1 eligibility is not further extended to any of the new household’s children.
- The child’s extended Tier 1 eligibility at their new household must end when the previous household’s HSIS expires.
- A provider residing with a child or other household member participating in one of these benefit programs would be eligible as a Tier 1 home if they submitted a completed HSIS (*Attachment 2*) and documentation verifying the household member is currently receiving these benefits.
 - Go to the [Verification of HSIS for Establishing Provider’s Tier 1 Status](#) section for acceptable documentation of a household’s participation in these benefit programs.

Determining Household Size Income Statements and Verification: A Step-by-Step Guide

Reviewing Part 1 for Completeness:

1. Verify that the box for one or more benefits programs is checked and a case number(s) is recorded on the applicable line(s).
2. If a box is checked but a number is not reported, the HSIS is incomplete and the household is Not Eligible/Tier 2 Eligible until a valid case number is provided.
 - The HSIS must be returned to the household to provide the case number.
3. When a box is checked for a benefits program and a number is recorded, verify it is a [valid case number](#).

If the case number is invalid, the HSIS is incomplete:

This is unless the household has provided a valid case number for benefits received from another program in [Part 1](#) of the form or may be determined based on income reported in [Part 2](#) if completed.

If this is not the case:

- The HSIS must be returned to the household to record the correct number of digits for their case number;
- The household is Not Eligible / Tier 2 Eligible until a valid case number is correctly recorded on the form and the sponsor has reviewed and approved the updated HSIS.
(See the *Obtaining Missing Information* section in [GMI](#) for how missing information may be obtained and must be correctly added to the form.)

If the case number is valid:

The HSIS may be determined as Eligible / Tier 1 Eligible if [Part 3](#) is complete.

PART 1: BENEFITS	
Do any household members currently participate in FoodShare WI, WI Works Programs, or FDPIR? If yes, check the program and write the corresponding case number below; then go to Part 3. If no, skip to Part 2.	
<input checked="" type="checkbox"/> FoodShare Wisconsin (10-digit case number) DO NOT list a 16-digit Quest Card number: <u>4063472693</u>	<input type="checkbox"/> Wisconsin Works (W-2) Programs (10-digit case number): Wisconsin Shares Child Care Subsidy benefits is NOT a W-2 Program. It does not qualify a child as CACFP eligible.
<input type="checkbox"/> FDPIR (9-digit case number): _____	

Note: A red arrow points from the case number 4063472693 to a red box labeled "Has 10 digits".

4. Once Part 1 is verified to be complete,
 - Verify section [Part 3](#) is complete.

Making Eligibility Determinations based on Benefits Programs

Once verifying the HSIS is fully and correctly completed (*Part 1 and Part 3 are complete*):

5. The Determining Official (DO) designated by the sponsor completes Sections 1 and 2 of the *Sponsoring Organization Use Only* box at the bottom of the HSIS.

Section 1- Basis of Determining Eligibility

- Complete the B. *Benefits/Foster* box by checking the appropriate box for the benefits program identified with a valid case number.
(Go to the [Foster Child](#) section which explains when to check "Foster Child" box.)

Section 2 - Eligibility Determination

- Check the box for Eligible/Tier 1 Eligible.

FOR SPONSORING ORGANIZATION USE ONLY – Co		
Section 1: Basis of Determining Eligibility (A or B)		Section 2: Eligibility Determination
A. Household Size & Income Total Household Size _____ *Total Income \$ _____ / _____ <small>(\$ Amount) (Time Period)</small>	B. Benefits/Foster <input checked="" type="checkbox"/> FoodShare WI <input type="checkbox"/> W-2 Programs <input type="checkbox"/> FDPIR <input type="checkbox"/> Foster Child(ren)	<input checked="" type="checkbox"/> Eligible <input type="checkbox"/> Not Eligible

Note: Red arrows point from the 'Total Household Size' field to the 'FoodShare WI' box, and from the 'Eligible' box back to the 'FoodShare WI' box.

6. Go to the [HSIS Approval](#) section for completing Section 3 of the *Sponsoring Organization Use Only* box.

PART 2: Household Size and Income

Part 2 must be completed by households that do not receive benefits and did not complete [Part 1](#).

- When a household provides a valid case number in Part 1 and income in Part 2, determine the HSIS based on Part 1; disregard income reported in Part 2.

PART 2: TOTAL HOUSEHOLD SIZE AND INCOME																						
If you did not complete Part 1, complete a, b, and c below; then go to Part 3.																						
a) Household Member Information: List full names of all members in first column below, including yourself and all children				b) Income: <ul style="list-style-type: none"> List all income on the same line as the household member who receives it Check the box for how often each income source is <u>received</u> Record each income source only once 																		
Household Member Names Household Member: anyone who is living with you and shares income and expenses, even if not related.	Optional	Check if Foster Child	Check if No Income	Gross wages, net income (self-employed), Tips, Commission, Cash bonuses, Military pay & allowances, Work comp, strike benefits, Unemployment	Weekly	Every 2 Weeks	Twice per Month	Monthly	Annually	Weekly	Every 2 Weeks	Twice per Month	Monthly	Annually	Private pensions, trusts, Annuities, Interest, Investments, Net rental income, Savings, Other income	Weekly	Every 2 Weeks	Twice per Month	Monthly	Annually		
	Age																					
		<input type="checkbox"/>	<input type="checkbox"/>	\$											\$							
		<input type="checkbox"/>	<input type="checkbox"/>	\$											\$							
c) Record total number of household members: _____																						

Required Information

- All household members must be listed, including children.
 - Go to [GMI](#) > section *Information to Report on the HSIS* > section *Household Members* for information on who must be included as household member on the HSIS.
- All current income must be listed legibly, by source, for each member of the household with income; the frequency of how often each income source is received (e.g., weekly, monthly) must be checked.
 - Go to [GMI](#) > section *Information to Report on the HSIS* > section *Income to Report on HSIS* for the definition of “current income” and the required income types and their sources that must be reported on the HSIS.
- Households with total income above the Income Eligibility Guidelines may choose not to return a completed form or may write “above guidelines” or “NA”. These households are Not Eligible / Tier 2 Eligible.

Calculating Income

(Follow these instructions for [Step #4 - Calculate Reported Income](#) in the *Reviewing Part 2 for Completeness / Calculating Income* section below)

- a. When only one income is listed, or when all income is listed with the **same** pay frequency type (e.g., all income listed is received twice per month), **DO NOT CONVERT** to annual income.

Household Member Names Household Member: anyone who is living with you and shares income and expenses, even if not related.	Optional	Check if Foster Child	Check if No Income	Gross wages, net income (self-employed), tips, commission, military pay & allowances, work comp, strike benefits, unemployment	Weekly	Every 2 Weeks	Twice per Month	Monthly	Annually
	Age								
Samantha Jenkins	32	<input type="checkbox"/>	<input type="checkbox"/>	\$1,000	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Joseph Jenkins	34	<input type="checkbox"/>	<input type="checkbox"/>	\$800	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chloe Jenkins	3	<input type="checkbox"/>	<input checked="" 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: <u>3</u>									

$\$1000 + \$800 = \$1800 \text{ 2 X/ Month}$

Determining Household Size Income Statements and Verification: A Step-by-Step Guide

b. When multiple income is listed and there are **different** pay frequencies (e.g., monthly and bi-weekly) convert each reported income to a yearly amount using these calculations:

- Weekly income x 52 = Yearly income
- Every 2 weeks income x 26 = Yearly income
- Twice a month income x 24 = Yearly income
- Monthly income x 12 = Yearly income

Household Member Names <small>Household Member: anyone who is living with you and shares income and expenses, even if not related.</small>	Optional Age	Check if Foster Child	Check if No Income	Gross wages, net income (self-employed), tips, commission, bonuses, military pay & allowances, work comp, strike benefits, unemployment	Weekly	Every 2 Weeks	Twice per Month	Monthly	Annually	Retirement, Social Security, SSI, disability, VA benefits, child support, alimony	Weekly	Every 2 Weeks	Twice per Month	Monthly	Annually
					<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"/>
Samantha Jenkins	32	<input type="checkbox"/>	<input type="checkbox"/>	\$1,000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Joseph Jenkins	34	<input type="checkbox"/>	<input type="checkbox"/>	\$400	<input type="checkbox"/>	<input checked="" 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"/>
Chloe Jenkins	3	<input type="checkbox"/>	<input checked="" 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"/>
Josephine Jenkins	62	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$100	<input checked="" 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: <u>4</u>				<div style="border: 2px solid red; padding: 5px; color: red; text-align: center;"> $\\$1000 \times 12 = 12,000/\text{year}$ $\\$400 \times 26 = 10,400/\text{year}$ $\\$100 \times 52 = 5200/\text{year}$ $12,000 + 10,400 + 5200 = 27,600/\text{year}$ </div>											

c. After making any needed conversions, total all reported income into one sum.
 ➤ after converting from reported income to annual amount (if applicable) or when totaling multiple incomes.

Income Eligibility Calculator

The [Income Eligibility Calculator](#) may be used to calculate the total reported household income and determine the household's eligibility.

Note that the eligibility categories will display as Free, Reduced, Non-need:

- Free and Reduced means "Eligible" / "Tier 1 Eligible" for home providers' HSIS
- Non-need means "Not Eligible" / "Tier 2 Eligible" for home providers' HSIS

Use the calculator's eligibility determination to complete the *For Sponsoring Organization Use Only* box on the HSIS.

Reviewing Part 2 for Completeness / Calculating Income

1. Verify that all required household members [a] in Part 2] and income information [b] in Part 2], including frequency of received payment, is listed and legible.
2. If household members and/or income are missing or are not legible and/or the box for a pay frequency is not checked, the total household income cannot be accurately calculated.
 - The HSIS must be returned to the household to record the missing information, including the pay frequency for each source and/or make it legible.
 - The HSIS is Not Eligible / Tier 2 Eligible until the missing information is recorded or clarified if illegible on the form and the sponsor has reviewed and approved the updated HSIS.
 (See the *Obtaining Missing Information* section in [GMI](#) for how missing information may be obtained and must be correctly added to the form.)
3. Record the total number of household members at the bottom of Part 2 [c)] (including those who may be listed in the *Names of Enrolled Children/Provider* box at the top of the form if not listed in Part 2.)

<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: <u>4</u>					

Determining Household Size Income Statements and Verification: A Step-by-Step Guide

4. [Calculate](#) all reported income for the sum total;
5. Once Part 2 is verified to be complete and the household size and income has been totaled, → Verify section [Part 3](#) is complete.

Making Eligibility Determinations based on Household Size/Income

6. The DO completes the A. Household Size & Income box of Section 1 - Basis of Determining Eligibility of the Sponsoring Organization Use Only box at the bottom of the HSIS:

- Record the Total Household Size that should be recorded in Part 2c (as shown in the screenshot above in [Step #3](#)) (Make sure to double check this total first.)
- Record the Total Income Amount / Time Period from the calculation in completing [Step 4](#) above and the respective frequency of payment (e.g., month, yearly etc.)

FOR SPONSORING ORGANIZATION USE ONLY

Section 1:

Basis of Determining Eligibility (A or B)

A. Household Size & Income	B. Benefits/Foster
<div style="border: 1px solid red; padding: 2px;">Total Household Size 4</div> <div style="border: 1px solid red; padding: 2px; margin-top: 5px;">*Total Income \$27600/Year (\$ Amount / (Time Period))</div>	<input type="checkbox"/> FoodShare WI <input type="checkbox"/> W-2 Programs <input type="checkbox"/> FDPIR <input type="checkbox"/> Foster Child(ren)

7. Compare household size and total income amount / time period recorded Section 1: A. Household Size & Income of the FOR SPONSORING ORGANIZATION USE ONLY box (Step 6) to the [Household Size-Income Scale](#) (Attachment 4) to determine whether the household is Eligible/Tier 1 Eligible or Not eligible/Tier 2 Eligible:

- a. Locate the household size in the Household Size column.
- b. Go across the row until you find the column for the applicable pay frequency recorded for Total Income.
- c. Compare the calculated total income to the amount listed in the table.
 - If total income is at or below the value in the table, the HSIS is Eligible / Tier 1 Eligible.

HOUSEHOLD SIZE-INCOME SCALE July 1, 2023 to June 30, 2024					
Family Day Care Home (FDCH) Providers					
Household Size	Income is at or below:				
	Yearly	Monthly	Twice per Month	Every Two Weeks	Weekly
1	\$ 26,973	\$2,248	\$1,124	\$1,038	\$519
2	\$ 36,482	\$3,041	\$1,521	\$1,404	\$702
3	\$ 45,991	\$3,833	\$1,917	\$1,769	\$885
4	\$ 55,500	\$4,625	\$2,313	\$2,135	\$1,068
5	\$ 65,009	\$5,418	\$2,709	\$2,501	\$1,251
6	\$ 74,518	\$6,210	\$3,105	\$2,867	\$1,434
7	\$ 84,027	\$7,003	\$3,502	\$3,232	\$1,616
8	\$ 93,536	\$7,795	\$3,898	\$3,598	\$1,799
For each additional household member, add	+\$ 9,509	+\$793	+\$397	+\$366	+\$183

- If total income is above the the value in the table, the HSIS is Not Eligible / Tier 2 Eligible.
- Households that report zero (\$0) income may be determined as for one year from the *Effective Month of Determination*.

(Refer to the section [Exceptions for New Providers...](#) for new providers wanting to qualify as a Tier 1 home based on their household size / income, but don't yet have the income earnings to substantiate approval.)

The example above illustrates comparing a household size of 4 and total income/year. The example from step 6 is a household of 4 and total income of \$27,600/year. Comparing this information to the table, the total income is below the value in the table, therefore, the HSIS is Eligible / Tier 1 Eligible

Determining Household Size Income Statements and Verification: A Step-by-Step Guide

- The DO completes Section 2: Eligibility Determination of the FOR SPONSORING ORGANIZATION ONLY box:
 → Check the box for the correctly determined eligibility. [Eligible/Tier 1 Eligible or Not Eligible / Tier 2 Eligible].

FOR SPONSORING ORGANIZATION 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 and Effective Month of Determination
A. Household Size & Income Total Household Size <u>4</u> *Total Income \$ <u>27600</u> /Year <small>(\$ Amount) (Time Period)</small>	B. Benefits/Foster <input type="checkbox"/> FoodShare WI <input type="checkbox"/> W-2 Programs <input type="checkbox"/> FDPIR <input type="checkbox"/> Foster Child(ren)	Initials/Date: <u>JS / 7.15.2023</u> **Effective Month of Determination: <u>7/2023</u> <small>Month/Year</small>
	<input checked="" type="checkbox"/> Eligible <input type="checkbox"/> Not Eligible	

- Go to the [HSIS Approval](#) section for completing Section 3 of the *Sponsoring Organization Use Only* box. (See screenshot above)

Foster Children

Foster children are automatically determined as Eligible / Tier 1 Eligible when one of the following documents is obtained by the sponsor and kept on file:

- A completed HSIS indicating the child is a foster child (see more information below).
- Documentation from a State or Local Welfare Agency confirming the child's status as a foster child and/or that the foster child has been placed in the foster care system.

Reviewing and Determining HSIS - Households with Only Foster Children Enrolled

- Verify that the foster child(ren) is listed in Part 2 and the box in the "Check if Foster Child" column is checked. See picture below. Only foster children need to be listed in Part 2. Foster parents and income do not need to be listed.

Household Member Names	(Optional) Age	Check if Foster Child
Maria Johnson		<input checked="" type="checkbox"/>

- Verify section [Part 3](#) is complete.
 - The guardian must sign and date the form but is not required to list the last 4 digits of their social security number.
- The DO completes sections 1 and 2 of the *Sponsoring Organization Use Only* box at the bottom of the HSIS for recording the information from Part 2 used for the basis of the determination and marking *Eligible / Tier 1 Eligible* for the eligibility determination.

Section 1: Basis for Determining Eligibility

→ Complete the *Benefits/Foster* box by checking the box for Foster Child(ren)

FOR SPONSORING ORGANIZATION 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 and Effective Month of Determination
A. Household Size & Income Total Household Size _____ *Total Income \$ _____ / _____ <small>(\$ Amount) (Time Period)</small>	B. Benefits/Foster <input type="checkbox"/> FoodShare WI <input type="checkbox"/> W-2 Programs <input type="checkbox"/> FDPIR <input checked="" type="checkbox"/> Foster Child(ren)	Initials/Date: <u>JS / 7.15.2023</u> **Effective Month of Determination: <u>7/2023</u> <small>Month/Year</small>
	<input checked="" type="checkbox"/> Eligible <input type="checkbox"/> Not Eligible	

Section 2: Eligibility Determination

→ Check the box for Eligible / Tier 1 Eligible.

- Go to the [HSIS Approval](#) section for completing Section 3 of the *Sponsoring Organization Use Only* box.

Determining Household Size Income Statements and Verification: A Step-by-Step Guide

Reviewing and Determining HSIS - Households with Foster & Non-foster Children Enrolled

If any information is missing or not legible for steps 1 and 2a below, go to [step 2 of the Reviewing Part 2 for Completeness / Calculating Income](#) section for the required follow-up on missing information.

1. Foster Children:

Verify they are listed in Part 2 and the box in the “Check if Foster Child” column is checked.

2. Non-Foster Children:

- a. Verify if the household listed a valid case number for a benefits program ([Part 1](#)) **OR** if qualifying based on [Part 2](#), they legibly listed all required household members including the non-foster children [[a](#)] and all income information including frequency of received payment [[b](#)].
- b. If the non-foster children’s eligibilities are based on household size and income ([Part 2](#)):
 - (1) Record the number of household members (including the foster children) on line [[c](#)].
 - (2) [Calculate](#) all reported income for the sum total;
 - The foster child’s **personal use income must be included**.
 - If the foster child does not have any personal use income, the income section for the foster child may be left blank, may list \$0, or the box in the “Check if No Income” column may be checked.
 - **Foster payments** received by the household from the placing agency **must not be included**.

3. Verify section [Part 3](#) is complete.

- The household member must sign and date the form **and** list the last 4 digits of their social security number **if** eligibility is based on household size and income.

Completing the *FOR SPONSORING ORGANIZATION USE ONLY* Box

4. The DO completes **Section 1 - Basis of Determining Eligibility:** (See example below)

a. Non-Foster Children:

- If the household has provided a valid case number for one or more the benefits programs ([Part 1](#)), complete the **B: Benefits/Foster** box by checking the box for the applicable benefits program.
- If the household’s eligibility is based on household size and income (Part 2), [complete the A. Household Size & Income box](#).

In the example below, a household size of **4** and total income of **\$5000/month** is documented for determining the non-foster children.

b. Foster Children: (See example below)

In **Section 1: B. Benefits/Foster**, check the box for Foster Child(ren).

5. The DO completes **Section 2: Eligibility Determination** by checking the box(es) next to the eligibility determined for both foster and the non-foster children.

a. Check the Eligible / Tier 1 Eligible box for the foster children.

b. Non-foster children:

If non-foster children are Not Eligible / Tier 2 Eligible:

- (1) Before marking the eligibility determination box, check to see whether the non-foster children would be Eligible/Tier 1 Eligible if excluding the foster child from the household size and excluding the foster child’s reported income (if any) from the total household income.
 - This is an unlikely case, but if they do qualify without the foster child being counted in the household size and income, clearly note in Section 1: *A. Household Size & Income* box that both exclude the foster child.

Determining Household Size Income Statements and Verification: A Step-by-Step Guide

- (2) If the non-foster children are Not Eligible/Tier 2 Eligible regardless of including and excluding the foster children in the household size and income:
- Mark the Not Eligible/Tier 2 Eligible **and**
 - Note the names of the non-foster children next to the checked box for Not Eligible/Tier 2 Eligible and the name of the foster children next to the checked box for Eligible/Tier 1 Eligible.

The example in the screenshot below illustrates Section 2 completed with the checked eligibility determinations and the names of the children next to each applicable eligibility: the Not Eligible / Tier 2 Eligible box is checked for the non-foster children (*Sally and Jackson*) with their names noted next to their eligibility determination and the Eligible / Tier 1 Eligible box is checked for the foster child (*Maria*) with her name noted next to it.

FOR SPONSORING ORGANIZATION USE ONLY - Co		
Section 1:		Section 2:
Basis of Determining Eligibility (A or B)		Eligibility Determination
A. Household Size & Income	B. Benefits/Foster	<input checked="" type="checkbox"/> Eligible (Maria)
Total Household Size 4 (Sally & Jackson)	<input type="checkbox"/> FoodShare WI	<input checked="" type="checkbox"/> Not Eligible (Sally & Jackson)
*Total Income \$5,000 / Month <small>(\$ Amount) (Time Period)</small>	<input type="checkbox"/> W-2 Programs	
	<input type="checkbox"/> FDPIR (Maria)	
	<input checked="" type="checkbox"/> Foster Child(ren)	

PART 3: Signature

Part 3 must be completed by all households.

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#.		
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, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.		
Signature of Adult Household Member <i>Samantha Jenkins</i>	Signature Date Mo./Day/Yr. 6/28/2023	Last 4 digits of SS# (or check "None" if you do not have a SS#) ***-**- 5698 <input type="checkbox"/> None
Address 400 Sunnyside Lane, River Falls WI 55782	Daytime Phone Number 715.222.6711	Email SamJ400@

Only required if qualifying by household size / income

Required Information

Signature of Adult Household Member and Signature Date

Must be provided by the adult household member completing the HSIS form.

Last 4 digits of SS

- The adult household member signing the form must list the last four digits of their social security number (SS#) or they must check the "None" box indicating they do not have a SS# if their HSIS is determined based on household size and income reported in Part 2.

The SS# information is not required on a HSIS completed:

- Only for foster children (is required when the HSIS is for foster and non-foster children)
- By households reporting a valid case number for a benefits program in Part 1 of the form

Determining Household Size Income Statements and Verification: A Step-by-Step Guide

Reviewing Part 3 for Completeness

Signature of Adult Household Member and Signature Date

- If the HSIS is **not both signed and dated** by the adult household member completing the form, the HSIS is INCOMPLETE and the HSIS is considered to be Not Eligible / Tier 2 Eligible until the household member signs and dates it.

Last 4 digits of SS

- Only required for HSIS determinations based on household size and income reported in Part 2; If the last 4 digits of the SS# of the adult household member signing the form is missing **or** the box for “None if you do not have a SS#” is not checked, the HSIS is INCOMPLETE and the HSIS is considered to be Not Eligible / Tier 2 Eligible until the household provides this information.

(See the *Obtaining Missing Information* section in [GMI](#) for how missing information may be obtained and must be correctly added to the form.)

HSIS Approval

Completing Section 3 of the “For Sponsoring Organization Use Only” Box

Until the HSIS is complete, the HOUSEHOLD must be considered **Ineligible/Tier 2 Eligible**

Prior to determining and approving the HSIS, it must be fully **complete**, as addressed in detail in the sections for each PART of the form.

(See the *Obtaining Missing Information* section in [GMI](#) for how missing information may be obtained and must be correctly added to the form.)

Once the HSIS is complete, the DO completes the *FOR SPONSORING ORGANIZATION USE ONLY* box:

FOR SPONSORING ORGANIZATION 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 and Effective Month of Determination
A. Household Size & Income Total Household Size _____ *Total Income \$ _____ / _____ <small>(\$ Amount) (Time Period)</small>	B. Benefits/Foster <input checked="" type="checkbox"/> FoodShare WI <input type="checkbox"/> W-2 Programs <input type="checkbox"/> FDPIR <input type="checkbox"/> Foster Child(ren)	<input checked="" type="checkbox"/> Eligible <input type="checkbox"/> Not Eligible	Initials/Date: <u>LC / 7/1/2023</u> **Effective Month of Determination: <u>07/2023</u> Month/Year

Section 1: Basis of Determining Eligibility and Section 2: Eligibility Determination:

For how to complete these two sections of the *FOR SPONSORING ORGANIZATION USE ONLY* box, go to the following sections in this guide depending on the basis of determination:

- [Making Eligibility Determinations based on Benefits Programs](#) in Part 1 of this guide;
- [Making Eligibility Determinations based on Household Size and Income](#) in Part 2 of this guide;
- [Reviewing and Determining HSIS - Households with Only Foster Children Enrolled](#)
- [Reviewing and Determining HSIS - Households with Foster & Non-foster Children Enrolled](#)

Section 3: Determining Official’s Initials/Approval date and Effective Month of Determination

Determining Official’s Initials/Approval Date

The DO must record their initials and the **actual date (day, month, and year)** they approved the determination of the HSIS.

Determining Household Size Income Statements and Verification: A Step-by-Step Guide

Effective Month of Determination

Sponsors must choose one of two methods for establishing the *Effective Month of Determination* - either the DO's Approval Date or the Household Member's Signature Date.

The sponsor must:

- Select their chosen method in the CACFP Contract;
- Consistently apply their chosen method for the *Effective Month of Determination* to all HSIS determinations for the entire Fiscal Year (October 1 – September 30).

The DO's Approval Date Method:

If choosing this method, the *Effective Month of Determination* is the month in which the DO records their initials and the approval date of the eligibility determination:

FOR SPONSORING ORGANIZATION 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 and Effective Month of Determination
A. Household Size & Income Total Household Size _____ *Total Income \$ _____ / _____ <small>(\$ Amount) (Time Period)</small>	B. Benefits/Foster <input checked="" type="checkbox"/> FoodShare WI <input type="checkbox"/> W-2 Programs <input type="checkbox"/> FDPIR <input type="checkbox"/> Foster Child(ren)	Initials/Date: <u>LC / 7/1/2023</u> **Effective Month of Determination: <u>07/2023</u> Month/Year
<input checked="" type="checkbox"/> Eligible <input type="checkbox"/> Not Eligible		

The Household Member Signature Date Method:

If choosing this method, the *Effective Month of Determination* is the month in which the adult household member signed and dated the HSIS.

- This method is only valid when the household signature date is within the month of the DO's approval date **OR** the immediate preceding month. (Example in screenshot below)

Signature of Adult Household Member <u>Samantha Jenkins</u>	Signature Date Mo./Day/Yr. <u>6/28/2023</u>	Last 4 digits of SS# (or check "None" if you do not have a SS#) ***.**- <u>5698</u> <input type="checkbox"/> None
Address <u>400 Sunnyside Lane, River Falls WI 55782</u>	Daytime Phone Number <u>715.222.6711</u>	Email <u>SamJ400@gmail.com</u>
FOR SPONSORING ORGANIZATION 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 and Effective Month of Determination
A. Household Size & Income Total Household Size _____ *Total Income \$ _____ / _____ <small>(\$ Amount) (Time Period)</small>	B. Benefits/Foster <input checked="" type="checkbox"/> FoodShare WI <input type="checkbox"/> W-2 Programs <input type="checkbox"/> FDPIR <input type="checkbox"/> Foster Child(ren)	Initials/Date: <u>LC / 7/1/2023</u> **Effective Month of Determination: <u>06/2023</u> Month/Year
<input checked="" type="checkbox"/> Eligible <input type="checkbox"/> Not Eligible		

Determining Household Size Income Statements and Verification: A Step-by-Step Guide

- If the household signature date is NOT within the month of approval or the prior month, the *Effective Month of Determination* must be the month of the DO's approval date. (Example in screenshot below)

Signature of Adult Household Member <i>Samantha Jenkins</i>	Signature Date Mo./Day/Yr. 5/28/2023	Last 4 digits of SS# (or che ***-**-5698	Signed in May 2023; must use DO's Approval Date
Address 400 Sunnyside Lane, River Falls WI 55782	Daytime Phone Number 715.222.6711	Email SamJ400@gmail.com	
FOR SPONSORING ORGANIZATION 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 and Effective Month of Determination
A. Household Size & Income Total Household Size _____ *Total Income \$ _____ / _____ <small>(\$ Amount) (Time Period)</small>		B. Benefits/Foster <input checked="" type="checkbox"/> FoodShare WI <input type="checkbox"/> W-2 Programs <input type="checkbox"/> FDPIR <input type="checkbox"/> Foster Child(ren)	<input checked="" type="checkbox"/> Eligible <input type="checkbox"/> Not Eligible Initials/Date: <u>LC / 7/1/2023</u> **Effective Month of Determination: <u>07/2023</u> <small>Month/Year</small>

- Refer to the [Household Member Signature Date Approvals](#) for 6 different examples of how to correctly determine the *Effective Month of Determination*.

Recording the Month/Year in the *Effective Month of Determination* Box

As part of completing Section 3 of the *For Sponsoring Organization Use Only* box, the DO must record the month and year of their approved *Effective Month of Determination* in the *Effective Month of Determination* box.

- The HSIS validity period takes effect the first of the month of the *Effective Month of Determination*. The sponsor must not pay for meals at the Tier 1 meal rates based on the approved HSIS before the first of the effective month.

Duration of HSIS Validity Period

How Long are HSIS Valid?

- Thirteen months**, meaning they are valid through the end of the same month of the *Effective Month of Determination*, one year later. For example, a HSIS determination approved on July 15, 2023 is valid from July 1, 2023 through July 31, 2024. After this date, the HSIS is expired.
- Once the HSIS expires it is no longer valid and the provider / child(ren) are Not Eligible / Tier 2 Eligible until the *Effective Month of Determination* of a **new** valid HSIS on file.

The HSIS is valid for one year from the *Effective Month of Determination*

Sponsors are encouraged to collect new HSIS from all households at the same time each year. This will reduce the chance of paying a provider at Tier 1 meal rates after a HSIS is more than 13 months old or expired.

HSIS Verification Requirements

For Establishing Provider's Tier 1 Status based on HSIS (Attachment 2)

The provider must submit support documentation substantiating all of the reported information on a fully completed HSIS to qualify as a Tier 1 provider based on their household's participation in benefits programs or household size and income.

The submitted support documentation must:

- Be official (not self-reported);
- Substantiate the information reported on the HSIS - the household's current participation in benefit programs, all income sources received by all household members; etc.;
- Be submitted annually with a new HSIS.

The previous year's HSIS support documents cannot be pulled forward to support the new HSIS.

Insufficient Documents, Incomplete Information, and/or Discrepancies:

Insufficient documents, incomplete information, and discrepancies between the submitted HSIS and support documents must be resolved prior to making the HSIS eligibility determination and approving the *Effective month of the determination*.

The provider must remain ineligible or only eligible for Tier 2 meal rates until the sponsor is able to verify the information reported on the HSIS is accurate with valid support documentation.

The sponsor must:

- Require the provider to obtain any missing information and/or support documents and/or make additions or corrections to their HSIS.
- Retain and attach to the HSIS documentation any and all written sponsor/provider correspondence exchanged in obtaining incomplete information and resolving discrepancies.
- When obtaining information by phone from the provider, note the following next to the added or corrected information:
 - The information obtained;
 - From whom the information was received;
 - The date information was received; and
 - Initials of staff making the notations

Unacceptable Practices: It is unacceptable for the sponsor to complete the HSIS for the provider by listing the information submitted on the support documents as a standard practice.

Completing the HSIS in anyway on behalf of the provider must only be with exception and by the provider's request.

Examples of Insufficient Documents, Incomplete Information, and/or Discrepancies:

- The required support documents are missing or are missing required information;
- The submitted support documents are not from an official source (i.e., handwritten, informal notes/letters, or no affiliation with the source (letterhead etc.));
- The submitted support documents are not current (i.e., the prior year's tax documents, benefits eligibility notice shows the benefits have expired, pay check stubs not the most current, etc.);
- Income information on the support documents substantially differ from the income reported on the HSIS;
- The submitted support documents indicate the provider's household has additional members or additional income sources than reported on the HSIS (i.e., tax forms may indicate additional sources of income).
- The HSIS is incomplete; the sponsor must make all attempts to have the provider add missing information.

Support Documentation and Verification Process

Benefits Programs:

Providers must submit a copy of the current “Notice of Eligibility”, or an equivalent record, issued by the administering agency of the applicable benefit program (*FoodShare Wisconsin, FDPIR, or Wisconsin Works (W-2 Programs)*) to the provider or household member.

Required Information on the Benefit Eligibility Notice

It must have the following information:

1. Recipient’s name and address;
If the notice is issued to person living with the provider:
 - The name of this person must be listed as a household member in Part 2 of their completed HSIS.
 - The address on the notice must be the same as the provider’s address.
2. Case number (which must match the case number listed on the provider’s HSIS);
3. Eligibility period (effective date and end date) showing the recipient is currently receiving the benefit.

Verification

Before determining / approving the provider’s HSIS, the sponsor must:

1. Receive both the completed HSIS and the benefit eligibility notice;
2. Verify the information on the eligibility notice supports the information reported on the provider’s HSIS

Discrepancies:

If there are any discrepancies between the provider’s HSIS and benefit eligibility notice, the provider must resolve them and submit an updated HSIS and/or eligibility notice. The sponsor must verify the updated documents are valid and consistent with the HSIS before determining / approving the provider’s HSIS.

HSIS Eligibility Determination / Approval

Once the sponsor has verified the required documentation as valid, the DO is to complete the *FOR SPONSORING ORGANIZATION USE ONLY* box by determining the provider as “Eligible” on their HSIS and approve it effective starting the first of the month of the *Effective Month of Determination*.

NOTE: The HSIS is not “complete” for eligibility determination and HSIS approval until the DO has verified the documentation as valid.

For example, if the sponsor does not receive the benefit eligibility notice until the month after receiving the provider’s completed HSIS, they cannot approve the HSIS until receiving the notice and verifying it supports the HSIS (and is therefore “valid”).

Duration of Validity Period

The provider’s eligibility determination is valid for a maximum of 13 months, as explained in the [Duration of HSIS Validity Period](#) section of this guide.

→ This is the case even if the eligibility benefit notice indicates the benefits will expire before the HSIS determination does.

Exceptions would be if the sponsor receives notice from the program’s administering agency terminating the provider’s benefits for nefarious reasons, i.e., the benefit eligibility notice was fraudulently obtained.

Determining Household Size Income Statements and Verification: A Step-by-Step Guide

Household Income

Providers must submit support documentation for all income sources reported on the HSIS. The income reported on the HSIS and documents supporting the reported income sources must be current.

All current income must be listed legibly, by source, for each member of the household with income and the frequency of how often each income source is received must be checked on the HSIS.

- Go to [GMI](#) > section *Information to Report on the HSIS* > section *Income to Report on HSIS* for the definition of “current income”, the required income types and their sources that must be reported on the HSIS.

Required Income Documents

Refer to the Valid Income Verification Documents chart listing valid support documents for each income source.

Verification --- The sponsor must:

1. Receive both the completed HSIS and valid support documentation for all reported income sources;
2. Verify whether the income information on the submitted documents substantiates the income reported;

Missing Information / Discrepancies:

If information is missing or there are any discrepancies between the provider’s HSIS and income documentation, the provider must resolve them and submit updated HSIS and/or updated or additional income documents. The sponsor must verify the newly submitted or revised documents support the reported income before determining / approving the provider’s HSIS.

HSIS Eligibility Determination / Approval

Once the sponsor has verified the required documentation as valid, the DO is to complete the *FOR SPONSORING ORGANIZATION USE ONLY* box for making the determination. If the provider is “Eligible”, the DO is to approve the determination effective the first of the *Effective Month of Determination*.

NOTE: The HSIS is not “complete” for eligibility determination and HSIS approval until the DO has successfully verified the support documentation as valid.

Exception Only for New Providers Starting their Child Care Business with No Current Income

Sponsors may be permitted to approve a new provider as a Tier 1 eligible home based on their household size and income when they are just starting their child care business and have no current income or official documents to support their income status. The provider must not be participating in benefit programs and household members, included themselves, must not be receiving any income during the month prior to their first operating month. The provider’s prior income earned also does not accurately reflect their projected income. Furthermore, they do not have enough income and expense documentation yet to submit with their completed HSIS that would support their income status.

The provider’s submitted verification documents must substantiate the income reported on their HSIS for the sponsor to determine and approve them as a Tier 1 home for the duration of the HSIS validity period. Since this is not currently possible for the provider and to assist in mitigating the provider’s income situation, the sponsor may approve the providers’ *Effective Month of Determination* as Tier 1 eligible starting that first month of operation if the following conditions are met:

1. The provider submits a fully complete HSIS during the first month of operation, **which must be signed and dated within that first month**, reporting their received income thus far and any additional **projected** income;
2. **During their second month of operation**, the provider submits official documentation of their received income (*i.e., deposit slips, bank statements*) and incurred business expenses (*receipts*) during that first month of operation;
3. **Before the end of the provider’s second month of operation**, the sponsor reviews their submitted income and expense documents to verify whether it substantiates the income reported on their HSIS.
 - If the provider’s submitted income and expense documents do not substantiate the reported projected income on their submitted HSIS, the sponsor must change the provider’s Tier status to Tier 2 eligible until the month when the provider submits support documents that substantiate the provider’s projected income reported on their HSIS.

Determining Household Size Income Statements and Verification: A Step-by-Step Guide

Valid Income Verification Documents

Go to the *Income to Report* section in [GMI - Household Size-Income Statements](#) for income that must be reported on the HSIS.

Employment Earnings (*Wages/Salary for each job*) [Not Self-Employed]

Verify Gross Income

- ✓ **Most recent paycheck stubs or employer certification that reflects normal income (must have payment amount, pay period, & receipt date)**
 - When wages are paid the same pay frequency throughout the year (i.e., every 2 weeks), collect the most recent pay period's check stubs.
 - **Calculation Tip:** If the provider submits more than one pay period of check stubs, they should be for consecutive pay periods. Then, average the gross income reported from all of the check stubs.
Example: The provider submits 3 bi-weekly paychecks:
 1. Add the gross income from the 3 paychecks together
 - *Do not add the paycheck amounts together (instead of calculating the average of the 3 bi-weekly payments) and try to convert 6 weeks of income to annual (or monthly) income.*
 2. Divide by 3 to calculate the average
 3. To calculate to annual income if household reports income sources in multiple pay frequencies:
Multiply the average bi-weekly income X 26 weeks = annual income
- ✓ **Tax documents for annual earnings** (i.e., 1040 and relevant schedules)
 - If paid seasonally (i.e., construction workers, teachers, migrant workers), obtain the 1040 from the previous calendar year. *The most current monthly income will distort the actual amount of income earned annually.*

Self-Employment Earnings (*Child Care, Farming etc.*)

Verify Net Income - Use:

- ✓ **Federal Tax Form - Schedule C (Line 31):**
 - Should be the primary source for verification **unless:**
 - The previous year's income does not accurately reflect the Provider's current income; **or**
 - The provider is new and did not file a tax return for the previous year
- ✓ **Official documentation of income and expenses**
 - Income: child care tuition (deposit slips, bank statements)
 - Expenses: receipts for business expenses

Households with both Employment Earnings (*Gross pay*) & Self-Employment Income (*Net pay*)

- The employment earnings (required in gross pay) and self-employment earnings must be reported separately.
- Income from wages cannot be reduced by the amount of a business loss from the self-employment income source. If self-employment income is negative, it must be listed as zero.
- If the Provider is married but files separately, income earned by the provider's spouse must be reported (and verified) separately.

Determining Household Size Income Statements and Verification: A Step-by-Step Guide

Using Form 1040 for Income Verification

- No single line on the Form 1040 adequately captures the household income.
- Differences between how household income is defined by the CACFP and the IRS for tax reporting purposes on tax forms:
 - The CACFP:**
 - Does not allow for deductions of business or investment losses; losses must be treated as “zero” income. *(Cannot be a negative amount)*
 - Requires annual distributions from IRA accounts, pensions, social security benefits, and other retirement plans to be included within the reported household income. *(The IRS permits this income to be partially excluded for taxation purposes.)*
 - Requires child support, welfare benefits, and other income to be included. *(The IRS permits this income to be excluded.)* The income from these sources must be reported separately on the HSIS and separate support documents for these sources must be submitted.

Income Source	Acceptable Documents for Verification
<ul style="list-style-type: none"> • Unemployment Compensation • Disability • Worker’s Compensation 	<ul style="list-style-type: none"> ✓ Eligibility notice from the State employment security office ✓ Check stubs ✓ Official letter from worker/disability compensation
<ul style="list-style-type: none"> • Child Support • Alimony Payments 	<ul style="list-style-type: none"> ✓ Court decree ✓ Legal agreement ✓ Copies of checks received
<ul style="list-style-type: none"> • Public Assistance • TANF Payments 	<ul style="list-style-type: none"> ✓ Benefit notice from the administering agency
<ul style="list-style-type: none"> • Social Security Payments • Supplemental Security Income • Retirement Funds • Veteran’s Payments • Pensions 	<ul style="list-style-type: none"> ✓ Benefit notice from Social Security Office ✓ Official summary statement of benefits received ✓ Pension Award Notice
Rental Income	<ul style="list-style-type: none"> ✓ Official documents of rent received <i>(amount, how often, & receipt date)</i> <ul style="list-style-type: none"> ○ Rental/lease agreement ○ Deposit receipts ○ Bank statements
<ul style="list-style-type: none"> • Investment Dividends • Savings Withdrawals • Bonds • IRA Distributions • Estate Income • Trust Income 	<ul style="list-style-type: none"> ✓ Investment account summary ✓ Distribution schedule ✓ Bank statements ✓ Court documents