HOUSEHOLD SIZE-INCOME STATEMENT (HSIS)

For 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 *Provider Letter* for instructions on completing this form.

First and Last Name(s) of Residential Child(ren)	**Provider Name/Number**

PART 1: BENEFITS

If no one receives these benefits, skip to PART 2.

If any member of your household currently receives benefits from:	**Check the box for the benefit received AND list the case number**
FoodShare Wisconsin (10 digit #)	☐ __ __ __ __ __ __ __ __ __ __
Wisconsin Works Cash Assistance (10 digit #)	☐ __ __ __ __ __ __ __ __ __ __
FDPIR (9 digit #)	☐ __ __ __ __ __ __ __ __ __

- DO NOT list a 16 digit Quest Card number (*starts with 5077)* for FoodShare
- Wisconsin Child Care Subsidy is NOT Wisconsin Works Cash Assistance. It does not qualify a child as eligible for CACFP.

PART 2: TOTAL HOUSEHOLD SIZE AND INCOME (Complete a, b, and c)

If you completed PART 1, you do not need to list household and income information below.

a) List full names of all household members below, including yourself and all children.

Household Member: anyone who is living with you and shares income and expenses, even if not related.

b) List all income on the same line as the person who receives it.
- Record each income source only once.
- Check the box for how often each income source is received.

Household Members	(Optional) **Age**	**Check if Foster Child**	**Check if No Income**	Gross wages, Net income (self-employed), Commission, Tips, Cash bonuses, Military pay & allowances for off-site housing/food/clothing, Work comp, strike ben., Unemployment	Weekly	Every 2 Weeks	Twice per Month	Monthly	Annually	Pensions, Retirement Social Security, VA benefits, SSI, Disability, Child Support, Adoption assistance, Alimony	Weekly	Every 2 Weeks	Twice per Month	Monthly	Annually	Private pensions, Trusts/estates, Annuities, Investments, Interest, Net rental income, Savings withdrawals, Any other income	Weekly	Every 2 Weeks	Twice per Month	Monthly	Annually
		☐	☐	$	☐	☐	☐	☐	☐	$	☐	☐	☐	☐	☐	$	☐	☐	☐	☐	☐
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		☐	☐	$	☐	☐	☐	☐	☐	$	☐	☐	☐	☐	☐	$	☐	☐	☐	☐	☐

c) Record total # of household members: _____

PART 3: ALL HOUSEHOLDS

ADULT HOUSEHOLD MEMBER SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (SS#)

If Part 2 is completed, the adult signing the form must list the last four digits of his/her SS# OR check "None" if he/she does not have a SS#.

I CERTIFY (promise) that all information on this form is true, and that all income is reported unless eligibility is established by receiving FoodShare, WI Works Cash Assistance, and/or FDPIR. I understand that this information is given in connection with the receipt of Federal funds, and that CACFP officials may verify (check) the information. I am aware that if I purposely give false information, I may lose meal benefits and 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#) ***-**-__ __ __ __ ☐ **None**
Address	**Daytime Phone Number**	**Email**

FOR SPONSORING ORGANIZATION USE ONLY – Complete all 3 sections and the *Effective Month of Determination*

Section 1: Basis of Determining Eligibility *(A or B)*	**Section 2: Eligibility Determination**	**Section 3: Determining Official's Initials & Approval Date**
A. *Household Size & Income* **Total Household Size _____** ***Total Income $_____/_____** ($ Amount) (Time Period) **B. *Benefits/Foster*** ☐ **FoodShare WI** ☐ **WI Works Cash Assistance** ☐ **FDPIR** ☐ **Foster Child(ren)**	☐ **Eligible** ☐ **Not Eligible**	_____ ****Effective Month of Determination** _____ **Month/Year**

*Convert to yearly income only when multiple pay frequencies are reported, using only these multipliers:

Weekly x 52	Twice a month x 24
Every 2 weeks x 26	Monthly x 12

**This form expires one year from the *Effective Month of Determination*.