



Instructions for Determining Household Size Income Statements: A Step-by-Step Guide

(Child Care Component)

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All participants claimed as **Free** or **Reduced** must have a current, complete, and approved Household Size-Income Statement (HSIS) on file.

Before copying the HSIS, write the name of your program at the top. Copy the HSIS *and* Household Letter for the current Fiscal Year.

Programs may write the name(s) of participant(s) on the HSIS prior to giving to each household.

All collected HSIS, including those for participants who are no longer enrolled, must be retained on file for three years plus the current Federal Fiscal Year (October 1 to September 30).

HSIS must be kept confidential

FIRST AND LAST NAME(S) OF ENROLLED PARTICIPANT(S):

List all enrolled participants' names (households with more than one participant can list all names on the same HSIS)

- First and last names as they appear on the attendance records and enrollment forms
- Do not list nicknames, abbreviations, initials, etc.

HOUSEHOLD SIZE—INCOME STATEMENT		<small>Child and Adult Care Food Program</small>
An adult household member must complete this form (HSIS) and return it to the center.		
<small>First and Last Name(s) of Enrolled Child(ren)</small>	<small>Center</small>	

PART 1: BENEFITS

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 provide the case number:	<ul style="list-style-type: none"> • 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 participant as free for CACFP.
	FoodShare Wisconsin (10 digit #) <input type="checkbox"/> _____	
	Wisconsin Works Cash Assistance (10 digit #) <input type="checkbox"/> _____	
	FDPIR (9 digit #) <input type="checkbox"/> _____	

Part 1 is to be completed by households that receive one of the following benefit programs:

- ✓ SNAP (FoodShare Wisconsin)
- ✓ Wisconsin Works Cash Assistance
- ✓ FDPIR (Food Distribution Program on Indian Reservations)

➤ If a household/participant does not receive any of these benefits, Part 2 must be completed.

- Wisconsin Works Cash Assistance: WI's Temporary Assistance for Needy Families (TANF) provides temporary cash assistance through work placement and training programs. Wisconsin Works Cash Assistance IS NOT the Wisconsin Child Care Subsidy Program.

➤ Eligible Wisconsin Works Cash Assistance programs:

- 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

Wisconsin Child Care Subsidy eligibility does **NOT** automatically qualify a household as Free

A participant is automatically **FREE** when:

1. Household participates in one or more of the three benefit programs,
2. Household provides the case number for at least one benefit program on the HSIS, and
3. HSIS is complete

Households with case numbers must complete Part 1 and Part 3

- A household that provides a case number does NOT have to complete Part 2: Total Household Size and Income
 - If the household provides a case number in Part 1, disregard any income reported in Part 2
- A household that provides a case number does NOT have to provide a Social Security Number
- If any member of a household receives benefits from FoodShare Wisconsin, FDPIR, or WI Works Cash Assistance, the benefit extends to all participants in the household. These participants may be determined as Free and retain this Free status, regardless of where they reside, for the entire year that the HSIS is valid. If these participants move to a different household, the Free status cannot extend to the household members in their new household.

PART 2: TOTAL HOUSEHOLD SIZE AND INCOME

Households that do not receive benefits, and did not complete Part 1, must complete Part 2.

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.					b) List all income on the same line as the person who receives it.								
Household Member: anyone who is living with you and shares income and expenses, even if not related.					<ul style="list-style-type: none"> Record each income source only once. Check the box for how often each income source is received. 								
Household Members	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			Pensions, Retirement Social Security, VA benefits, SSI, Disability, Child Support, Adoption assistance, Alimony			Private pensions, Trusts/estates, Annuities, Investments, interest, Net rental income, Savings withdrawals, Any other income		
					Weekly	Every 2 Weeks	Monthly	Weekly	Every 2 Weeks	Monthly	Weekly	Every 2 Weeks	Monthly
		<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:													

- All household members must be listed, including the enrolled participants
- Income must be listed, by source, for all members of the household with income. Report all income received in the month prior to completing the HSIS.
- Calculating Total Income:
 - If one income is reported or multiple income is reported with the **same** pay frequency type (e.g. monthly, weekly), DO NOT CONVERT to annual income. Total all income reported and compare this information to the corresponding column (e.g. monthly, weekly) for the household size in the current [Household Size-Income Scale](#).
 - If multiple income is reported with **different** pay frequencies (e.g. monthly and bi-weekly) convert all 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

Do not round values resulting from each conversion. Total all of the un-rounded converted values and compare the un-rounded total to the yearly column for the household size in the current [Household Size-Income Scale](#).

Determining Free, Reduced or Non-need:

- If total income is at or below the value in the FREE table, the HSIS is determined as free.
- If total income is at or between the values in the REDUCED-PRICE table, the HSIS is determined as reduced.
- If total income is above the higher amount listed in the REDUCED-PRICE table, the HSIS is determined as non-needy.
- Households with total income above the Income Eligibility Guidelines may write “above guidelines” or “NA” in Part 2. These HSIS must be classified as Non-needy.
- Households that report zero (\$0) income may be approved in the Free category for one year from the *Effective Month of Determination*.

FOSTER CHILDREN

Foster children are automatically eligible as Free when one of the two documents below is obtained by the agency:

1. **A Completed HSIS** indicating the child is a foster child
2. **Documentation from 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

Households with only foster children enrolled:

1. One HSIS is completed for all foster children.
2. Only the foster child(ren) are included in Part 2 under Household Members. Foster parents and their income are not recorded.
3. The box labeled “Check if Foster Child” must be checked.
4. Determine the foster child as Free.

Household Members	(Optional) Age	Check if Foster Child	Check if No Income
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

Households with foster and non-foster children:

The presence of a foster child in the household does not transfer the Free eligibility to all children in the household.

1. The box labeled “Check if Foster Child” must be checked for each foster child. See #3 above.

- The foster child’s personal use income must be included. If the foster child does not have any personal use income, the income section may be left blank, may list \$0, or the “Check if No Income” column may be checked.

Foster payments received by the household from the placing agency are not considered income and do not need to be reported

2. Determine the foster child as Free.
3. Determine the eligibility for the remainder of the non-foster children based on the household’s income or other categorical eligibility information reported (see p. 2 and 3 for information).

4. If the non-foster children are a different need category than the foster child(ren), record the need categories for each child in the **FOR CENTER USE ONLY** box:

Section 2: Eligibility Determination.

Ex: Joseph and Carol are foster children and determined as Free. Maria is not a foster child and is determined as Reduced.

FOR CENTER USE ONLY – Complete all 3 sections and the Effect		
Section 1:		Section 2:
Basis of Determining Eligibility (A or B)		Eligibility Determination
A. Household Size & Income	B. Benefits/Foster	<input checked="" type="checkbox"/> Free <i>Joseph & Carol</i>
Total Household Size <u>5</u>	<input type="checkbox"/> FoodShare WI	<input checked="" type="checkbox"/> Reduced <i>Maria</i>
*Total Income <u>\$1580 / 2 wks</u>	<input type="checkbox"/> WI Works Cash Assistance	<input type="checkbox"/> Non-Needy
(\$ Amount) (Time Period)	<input type="checkbox"/> FDPIR	
	<input checked="" type="checkbox"/> Foster Child(ren)	

PART 3: ALL HOUSEHOLDS

PART 3: ALL HOUSEHOLDS		
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 YOUR CHILD(REN) HISPANIC OR LATINO? <input type="checkbox"/> Yes, Hispanic or Latino <input type="checkbox"/> No, neither Hispanic nor Latino		
SELECT ONE OR MORE OF THE FOLLOWING CATEGORIES THAT APPLY TO YOUR CHILD(REN): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander		
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 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 this form; and that deliberate misrepresentation of the information may subject me to prosecution 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

- Completing the Race/Ethnicity data is optional. This information does not affect the determination of the HSIS.
- Every HSIS MUST be signed and dated by an adult household member to be determined as free or reduced
- When Free or Reduced eligibility is determined from income in Part 2, the last four digits of the adult member's **social security number** must be listed or the household must check the "None" box indicating they do not have a social security number
 - The last 4 digits of the SS# are not required to be reported on an HSIS completed only for foster children

Income statements not signed or dated by the adult household member are **INCOMPLETE** and must be determined as **Non-Needy**

FOR CENTER USE ONLY SECTION (HSIS approval section)

Prior to determining the HSIS, it must be **complete**.

- If required information is missing, contact the household to obtain the information
 - With the exception of the signature and signature date, you may obtain information over the phone
- When obtaining missing information, note the following on the HSIS:
 - Information obtained
 - From whom the information was received
 - Date information was received
 - Determining Official (DO) initials

Until the HSIS is complete, the participant must be considered **Non-needy**

Once the HSIS is complete, in the **FOR CENTER USE ONLY** box,

FOR CENTER USE ONLY – Complete all 3 sections and the <i>Effective Month of Determination</i>		
Section 1: Basis of Determining Eligibility (A or B)	Section 2: Eligibility Determination	Section 3: Determining Official's Initials & Approval Date
<p>A. Household Size & Income</p> <p>Total Household Size _____</p> <p>*Total Income \$ _____ / _____ <small>(\$ Amount) (Time Period)</small></p>	<p>B. Benefits/Foster</p> <p><input type="checkbox"/> FoodShare WI</p> <p><input type="checkbox"/> WI Works Cash Assistance</p> <p><input type="checkbox"/> FDPIR</p> <p><input type="checkbox"/> Foster Child(ren)</p>	<p><input type="checkbox"/> Free</p> <p><input type="checkbox"/> Reduced</p> <p><input type="checkbox"/> Non-Needy</p>
		<p>_____</p> <p>**Effective Month of Determination</p> <p>_____</p> <p style="text-align: center;">Month/Year</p>

- **Section 1: Basis of Determining Eligibility:** The DO completes Part A or B to indicate what the HSIS determination is based on:
 - A. Household size and income (Part A) or
 - B. Benefits program (case number) or Foster Child (Part B)
- **Section 2: Eligibility Determination:** The DO checks the appropriate need category to indicate how the HSIS was determined (Free, Reduced, Non-Needy).
- **Section 3: Determining Official's Initials & Approval Date:** The DO initials and records the date he/she reviewed and determined the HSIS.
- **Section 3: Effective Month of Determination:** The DO writes the month and year the HSIS is determined effective. **See page 7 for establishing the *Effective Month of Determination*.**
 - HSIS are valid starting the first of the month written in the *Effective Month of the Determination* box through the last day of that month a year later (i.e., HSIS determinations are effective for thirteen months). After this date, the HSIS is expired.
 - Once the HSIS expires, it is no longer valid and the participant must be counted as Non-Needy until the *Effective Month of Determination* of a **new** HSIS is on file.

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

Programs are encouraged to collect new HSIS from each household at the same time each year, usually in September or October. This will reduce the chance of reporting a participant in the Free or Reduced category with an expired HSIS, i.e., more than 13 months old.

Effective Month of Determination

Programs must choose one of two methods for establishing the *Effective Month of Determination*.

- The selected chosen method must be indicated in the CACFP Contract
- Programs must consistently apply their chosen method to all HSIS determinations for the entire Fiscal Year (October 1 - September 30)

1. **Determining Official Approval Date:** The *Effective Month of Determination* is the month in which the Determining Official approves, initials, and dates the form in Section 3.

FOR CENTER USE ONLY – Complete all 3 sections and the <i>Effective Month of Determination</i>		
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 \$ _____ / _____ <small>(\$ Amount) (Time Period)</small>	B. Benefits/Foster <input type="checkbox"/> FoodShare WI <input type="checkbox"/> WI Works Cash Assistance <input type="checkbox"/> FDPIR <input type="checkbox"/> Foster Child(ren)	<input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Non-Needy _____ **Effective Month of Determination _____ Month/Year

2. **Household Member Signature Date:** 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 the HSIS is approved or the immediate preceding month. If the household signature date is NOT within the month of approval or the prior month, the *Effective Month of Determination* must be the Determining Official's approval date. Refer to the [Household Member Signature Date Approvals](#) for 6 different examples of how to correctly determine the *Effective Month of Determination*.

FOR CENTER USE ONLY – Complete all 3 sections and the <i>Effective Month of Determination</i>		
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 \$ _____ / _____ <small>(\$ Amount) (Time Period)</small>	B. Benefits/Foster <input type="checkbox"/> FoodShare WI <input type="checkbox"/> WI Works Cash Assistance <input type="checkbox"/> FDPIR <input type="checkbox"/> Foster Child(ren)	<input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Non-Needy _____ **Effective Month of Determination _____ Month/Year

- Record the Month/Year in the *Effective Month of the Determination* box

FOR CENTER USE ONLY – Complete all 3 sections and the <i>Effective Month of Determination</i>		
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 \$ _____ / _____ <small>(\$ Amount) (Time Period)</small>	B. Benefits/Foster <input type="checkbox"/> FoodShare WI <input type="checkbox"/> WI Works Cash Assistance <input type="checkbox"/> FDPIR <input type="checkbox"/> Foster Child(ren)	<input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Non-Needy _____ **Effective Month of Determination _____ Month/Year