



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

(Adult 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 (families with more than one participant can list all participants 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>
Complete this form (HSIS) and return it to the center. Complete one HSIS per household.		
<small>Refer to the accompanying <i>Household Letter</i> for instructions on completing this form. Please contact the center if you need assistance.</small>		
First and Last Name(s) of Enrolled Participant(s)	Center	

PART 1: BENEFITS

PART 1: BENEFITS			
If no one receives these benefits, skip to PART 2.			
Check the box for FoodShare Wisconsin or FDPIR AND list the case number if <u>any member of your household</u> currently receives these benefits.		Check the box for Supplemental Security Income (SSI) or Medicaid AND list the case number only if the <u>enrolled participant(s)</u> currently receives these benefits.	
<input type="checkbox"/> FoodShare WI (10 digit #) _____ <small>DO NOT list a 16 digit Quest Card # (starts with 5077)</small>	<input type="checkbox"/> FDPIR (9 digit #) _____	<input type="checkbox"/> SSI (10 digit #) _____	<input type="checkbox"/> Medicaid (10 digit #) _____

Part 1 is to be completed by households when:

1. Any member of the household currently receives benefits from:
 - ✓ SNAP (FoodShare Wisconsin)
 - ✓ FDPIR (Food Distribution Program on Indian Reservations)

Or

2. The enrolled participant currently receives benefits from:
 - ✓ Supplemental Security Income (SSI)
 - ✓ Medicaid

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

A participant is automatically **FREE** when:

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

Households that provide a case number 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 reports 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 or FDPIR, 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.
- DO NOT list Medicaid and SSI benefits received by any other household members than the enrolled participant(s)

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. 														
				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	Monthly	Annually	Pensions, Retirement Social Security, VA benefits, SSI, Disability, Child Support, Adoption assistance, Alimony	Weekly	Every 2 Weeks	Monthly	Annually	Private pensions, Trusts/estates, Annuities, Investments, Interest, Net rental income, Savings withdrawals, Any other income	Weekly	Every 2 Weeks	Monthly
Household Members					\$													
				<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 participant(s)
 - Households for enrolled participants are defined as themselves plus spouses and any dependents residing with them.
 - Functionally impaired adults residing with parents/ guardians are generally considered a separate household from them.
- 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*.

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 THE ENROLLED PARTICIPANT(S) 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 THE ENROLLED PARTICIPANT(S): <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 (promise) that all information on this form is true, and that all income is reported unless eligibility is established by receiving FoodShare, FDPIR, SSI, and/or Medicaid. 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, the center may lose meal benefits, 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

- Completing the Ethnicity and Race Data Collection section 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

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-need**y

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
A. Household Size & Income Total Household Size _____ ¹ Total Income \$ _____ / _____ <small>(S Amount) (Time Period)</small>	B. Benefits <input type="checkbox"/> FoodShare WI <input type="checkbox"/> FDPIR <input type="checkbox"/> SSI ² <input type="checkbox"/> Medicaid ² <small>²Enrolled Participant(s) Only</small>	<input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Non-Needy	_____ ³ Effective Month of Determination _____ Month/Year

- **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) (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 6 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 _____ ¹ Total Income \$ _____ / _____ <small>(\$ Amount) (Time Period)</small>	B. Benefits <input type="checkbox"/> FoodShare WI <input type="checkbox"/> FDPIR <input type="checkbox"/> SSI ² <input type="checkbox"/> Medicaid ² <small>²Enrolled Participant(s) Only</small>	<input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Non-Needy
		_____ ³ 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 _____ ¹ Total Income \$ _____ / _____ <small>(\$ Amount) (Time Period)</small>	B. Benefits <input type="checkbox"/> FoodShare WI <input type="checkbox"/> FDPIR <input type="checkbox"/> SSI ² <input type="checkbox"/> Medicaid ² <small>²Enrolled Participant(s) Only</small>	<input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Non-Needy
		_____ ³ 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 _____ ¹ Total Income \$ _____ / _____ <small>(\$ Amount) (Time Period)</small>	B. Benefits <input type="checkbox"/> FoodShare WI <input type="checkbox"/> FDPIR <input type="checkbox"/> SSI ² <input type="checkbox"/> Medicaid ² <small>²Enrolled Participant(s) Only</small>	<input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Non-Needy
		_____ ³ Effective Month of Determination _____ Month/Year