

Monthly Household Size Income Statement (HSIS) – Household Size Income Record (HSIR) Checklist

Initial HSIS	Monthly HSIS	Monthly HSIS
<ul style="list-style-type: none"> <input type="checkbox"/> Distribute HSIS/Parent Letter to all households <input type="checkbox"/> Collect HSIS from households <input type="checkbox"/> Choose method to determine the effective month for all HSISs <ul style="list-style-type: none"> <input type="checkbox"/> Determining Official Date <input type="checkbox"/> Household Signature Date <input type="checkbox"/> Review and Approve HSIS <ul style="list-style-type: none"> <input type="checkbox"/> HSIS is complete: <ul style="list-style-type: none"> o Part 1: program selected and case number recorded OR o Part 2: all household members and income reported o Part 3: Household member signature & date included; SS# included if completing Part 2 o For Center Use Only: all three sections are completed by Determining Official <input type="checkbox"/> Incomplete HSIS = NN 	<ul style="list-style-type: none"> <input type="checkbox"/> Distribute HSIS/Parent Letter to newly enrolled households <input type="checkbox"/> Collect HSIS from households <input type="checkbox"/> Use chosen method to determine the effective month for new HSISs <input type="checkbox"/> Review and Approve HSIS <ul style="list-style-type: none"> <input type="checkbox"/> HSIS is complete: <ul style="list-style-type: none"> o Part 1: program selected and case number recorded OR o Part 2: all household members and income reported o Part 3: Household member signature & date included; SS# included if completing Part 2 o For Center Use Only: all three sections are completed by Determining Official <input type="checkbox"/> Incomplete HSIS = NN 	<ul style="list-style-type: none"> <input type="checkbox"/> Distribute HSIS/Parent Letter to newly enrolled households <input type="checkbox"/> Collect HSIS from households <input type="checkbox"/> Use chosen method to determine the effective month for new HSISs <input type="checkbox"/> Review and Approve HSIS <ul style="list-style-type: none"> <input type="checkbox"/> HSIS is complete: <ul style="list-style-type: none"> o Part 1: program selected and case number recorded OR o Part 2: all household members and income reported o Part 3: Household member signature & date included; SS# included if completing Part 2 o For Center Use Only: all three sections are completed by Determining Official <input type="checkbox"/> Incomplete HSIS = NN
HSIR	HSIR	HSIR
<ul style="list-style-type: none"> <input type="checkbox"/> Select CACFP enrollment policy <ul style="list-style-type: none"> <input type="checkbox"/> In attendance once/ month <input type="checkbox"/> Vacant opening <input type="checkbox"/> Compare attendance records to HSIR to ensure all participants who attended are included on HSIR for that month <input type="checkbox"/> Transfer need category (F, R, N) from HSIS onto HSIR for each participant <ul style="list-style-type: none"> o Compare effective month of determination from each HSIS to ensure participants claimed as F/R have a valid HSIS on file o Check effective month of determination to ensure HSIS has not expired o Participant = NN if no HSIS on file <input type="checkbox"/> Check that the need category is in the correct column of the HSIR for each participant <input type="checkbox"/> Total each need category for claim <input type="checkbox"/> Print the HSIR each month or have a secured backup copy 	<ul style="list-style-type: none"> <input type="checkbox"/> Follow selected CACFP enrollment policy <input type="checkbox"/> Compare attendance records to HSIR to ensure all participants who attended are included on HSIR for that month <input type="checkbox"/> Transfer need category (F, R, N) from HSIS onto HSIR for each new participant <ul style="list-style-type: none"> o Compare effective month of determination from each HSIS to ensure participants claimed as F/R have a valid HSIS on file o Check effective month of determination to ensure HSIS has not expired o Participant = NN if no HSIS on file <input type="checkbox"/> Check that the need category is in the correct column of the HSIR for each participant <input type="checkbox"/> Total each need category for claim <input type="checkbox"/> Print the HSIR each month or have a secured backup copy 	<ul style="list-style-type: none"> <input type="checkbox"/> Follow selected CACFP enrollment policy <input type="checkbox"/> Compare attendance records to HSIR to ensure all participants who attended are included on HSIR for that month <input type="checkbox"/> Transfer need category (F, R, N) from HSIS onto HSIR for each new participant <ul style="list-style-type: none"> o Compare effective month of determination from each HSIS to ensure participants claimed as F/R have a valid HSIS on file o Check effective month of determination to ensure HSIS has not expired o Participant = NN if no HSIS on file <input type="checkbox"/> Check that the need category is in the correct column of the HSIR for each participant <input type="checkbox"/> Total each need category for claim <input type="checkbox"/> Print the HSIR each month or have a secured backup copy