



Instructions for Completing the 2016-2017 CACFP Confidential Income Statement (CIS)

If your household gets Supplemental Nutrition Assistance Program (SNAP) which was formerly FOOD STAMPS, OR ATAP/TANF; or Adult Participant receives SSI or Medicaid follow these instructions:

Part 1: List all members in the household, center/provider name, age, and check appropriate boxes

Part 2: List the **case number** for any household member (including adults) receiving [SNAP] or [State TANF] or [FDPIR] benefits; (**SSI or Medicaid Benefits are only for the Adult Participants in the Adult Care portion of CACFP**)

Part 3: Skip this part.

Part 4: Skip this part.

Part 5: Sign the form. The last four digits of a Social Security Number are **not** required. Families with children in family day care homes (FDCH) can check the box if they are returning their form to the FDCH provider.

Part 6: Answer this question if you choose.

If any child in household is enrolled in any Head Start program or Receives Free or Reduced Price Meals At School, and If no one in your household gets (food stamps/SNAP) or (state TANF) benefits follow these instructions: (NOT applicable to Family Day Care Home Providers)

Part 1: List all members in the household, center/provider name, age, and check appropriate boxes for foster child and PFD's

Part 2: Skip this part.

Part 3: Check the appropriate box. **Provide letter from the Head Start agency** that documents the child is enrolled (Only the enrolled child qualifies under this category), **or notification letter from school**, which clearly states if they are FREE or if they are REDUCED (this applies to all children in household).

Part 4: Skip this part.

Part 5: Sign the form. The last four digits of a Social Security Number are **not** required. Families with children in family day care homes (FDCH) can check the box if they are returning their form to the FDCH provider.

Part 6: Answer this question if you choose.

If you are applying for a foster child, follow these instructions:

If all members in the household are foster children:

Part 1: List all foster children, center/provider name, age, and check appropriate boxes for foster child and PFD's

Part 2: Skip this part.

Part 3: Skip this part

Part 4: Skip this part.

Part 5: Sign the form. The last four digits of a Social Security Number are **not** required. Families with children in family day care homes (FDCH) can check the box if they are returning their form to the FDCH provider.

Part 6: Answer this question if you choose.

If SOME of the children in the household are foster children, follow these instructions:

Part 1: List all members in the household, center/provider name, age, and check appropriate boxes for foster child and PFD's

Part 2: If the household does not have a case number skip this part

Part 3: If there are no children who are Head Start or get free or reduced meals at school, skip this part.

Part 4: Follow these instructions to report total household income from last month.

Box 1–Name: List all household members with income.

Box 2 –Gross income last month and how often (sequence) it was received: For each household member, list each type of income received last month. You must tell us how often the money is received (A=annual, M=monthly, T=twice per month, E2=every two weeks, or W=weekly). **Gross income is the amount earned before taxes and other deductions.** *First Column:* List earnings from work - the **gross income** each person earned from work. The amount should be listed on your pay stub. *Second Column:* List the amount each person got last month from welfare, child support, and alimony. *Third Column:* List all pensions, retirement, and Social Security, and *Fourth Column:* List ALL OTHER INCOME SOURCES - include Worker’s Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran’s benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME. Report net income for self-owned business, farm, or rental income. If you are in the Military Housing Privatization Initiative do not include this housing allowance. (This is not an allowable exclusion for households living off-base in the general commercial/private real estate market).

Part 5: Adult household member must sign the form and list the **last four digits** of a Social Security Number (or mark the box if s/he doesn’t have one). Families with children in family day care homes (FDCH) can check the box if they are returning their form to the FDCH provider.

Part 6: Answer this question if you choose.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

Part 1: List all members in the household, center/provider name, age, and check appropriate boxes

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Follow these instructions to report total household income from last month.

Box 1–Name: List all household members with income.

Box 2 –Gross income last month and how often (sequence) it was received for each household member, list each type of income received last month. You must tell us how often the money is received (A=annual, M=monthly, T=twice per month, E2=every two weeks, or W=weekly). **Gross income is the amount earned before taxes and other deductions.** *First Column:* List earnings from work - the **gross income** each person earned from work. The amount should be listed on your pay stub. *Second Column:* List the amount each person got last month from welfare, child support, and alimony. *Third Column:* List all pensions, retirement, and Social Security, and *Fourth Column:* List ALL OTHER INCOME SOURCES - include Worker’s Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran’s benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME. Report net income for self-owned business, farm, or rental income. If you are in the Military Housing Privatization Initiative do not include this housing allowance. (This is not an allowable exclusion for households living off-base in the general commercial/private real estate market).

Part 5: Adult household member must sign the form and list the **last four digits** of a Social Security Number (or mark the box if s/he doesn’t have one). Families with children in family day care homes (FDCH) can check the box if they are returning their form to the FDCH provider.

Part 6: Answer this question if you choose.



2016-2017 Confidential Income Statement (CIS)

PART 1. All Household members (if you need more space use a separate piece of paper)
**If ALL children listed below are foster children, complete Part 1, then skip to Part 5 to sign this form.*

Names of ALL household members (First, Middle Initial, Last)	Center or Provider Name for Each Child or Adult Participant	Birthdate of children/adult participant(s) (month/day/yr)	Foster Child	Check if approved for PFD issued in 10/2015	Check if approved for PFD issued in 10/2016
			<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"/>

PART 2. Benefits
 If any member of your household receives [State SNAP], [FDPIR], [State TANF]. Only use Medicaid or SSI for **Adult Participants in the Adult Care Program**. Provide the name and case number & program name (ie SNAP) for the person who receives benefits and **skip to Part 5. If NO ONE receives these benefits, skip to Part 3.**
Name: _____ **Case Number:** _____ **Program** _____

PART 3. If any child is enrolled in Early Head Start, Head Start, or receives free or reduced meals at school check the appropriate box. **[Document by including letter from EHS/HS/or School]**
 Early Head Start Head Start Free Meals at School Reduced Meals at School

PART 4. Total Household Gross Income. You must tell us how much and how often.

Name (List ALL Adults and children in the household with income.)	Gross income how often it was received A=Annual; W=Weekly; E2=Every 2 Weeks; T=Twice A Month or M=Monthly			
	Gross Earnings from Work before deductions	Welfare, Child support, Alimony	Pensions, Retirement, Social Security	All Other Income
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____

PART 5. Signature and Last four digits of SSN (An adult household member must sign the application.)

If Part 4 is completed, the adult signing the form also must list the last four digits of their Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

Sign here: _____ Print name: _____ Date: _____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip: _____ I allow my FDCH provider to collect this form

Last four digits of Social Security Number: * * * * - _____ I do not have a Social Security Number

PART 6. Children's Ethnic and Racial Identities (Optional)

Choose one ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	Choose one or more (regardless of ethnicity): <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or other Pacific Islander
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Privacy Act Statement:

The Richard B. Russell National School Lunch Act requires the information on this Confidential Income Statement. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced meals which would affect the reimbursement to the provider or center. You must include the last four digit of the social security number of the adult household member who signs the form. The social security number is not required when you apply on behalf of a foster child or you list a SNAP, Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the form does not have a social security number. We will use your information to determine the rate of reimbursement that your child care or adult care provider receives for meals served to your child, or adult participant and for administration and enforcement of the Child and Adult Care Food Program.

CENTER/SPONSOR ORGANIZATION USE ONLY																	
This section is for the child care center or family day care home sponsoring organization use only																	
Write the total number of household members in the boxes below who qualify for PFD. Write 0 if none qualify. Only use one year when calculating income. Use the year which corresponds with the date the CIS is completed below.																	
CIS completed BY December 31, 2016 Use PFD issued October 2015	_____	CIS completed January 1, 2017 or AFTER Use PFD Issued October 2016	_____														
Total household members receiving PFDs _____ x \$2,072.00 = _____ (issued October 2015)																	
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ELIGIBILITY by INCOME: If there is more than one sequence of income or if the household received any PFDs you must convert all income to annual. (i.e. \$200/T, \$150/M, \$200/M & PFDs = Annual Conversion) If there is only one sequence of income and the household did not receive any PFDs then you must keep the income at the sequence received. (i.e. \$200/T, \$100/T= No conversion necessary- keep at T)		List the income by sequence from first page: <table style="width:100%; border: none;"> <tr> <td style="width: 50%;">Total Income by Category:</td> <td style="width: 50%;">Conversion to Annual:</td> </tr> <tr> <td>A-Annual: _____</td> <td>x 1 = _____</td> </tr> <tr> <td>M-Monthly: _____</td> <td>x 12 = _____</td> </tr> <tr> <td>T-Twice Per Month: _____</td> <td>x 24 = _____</td> </tr> <tr> <td>E2-Every 2 Weeks _____</td> <td>x 26 = _____</td> </tr> <tr> <td>W-Weekly _____</td> <td>x 52 = _____</td> </tr> <tr> <td colspan="2" style="padding-top: 10px;">TOTAL HOUSEHOLD INCOME: \$ _____</td> </tr> </table>		Total Income by Category:	Conversion to Annual:	A-Annual: _____	x 1 = _____	M-Monthly: _____	x 12 = _____	T-Twice Per Month: _____	x 24 = _____	E2-Every 2 Weeks _____	x 26 = _____	W-Weekly _____	x 52 = _____	TOTAL HOUSEHOLD INCOME: \$ _____	
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- (1) mail: U.S. Department of Agriculture (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.
 - Office of the Assistant Secretary for Civil Rights
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 - Washington, D.C. 20250-9410
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