HOUSEHOLD SIZE—INCOME STATEMENT

**Child and Adult Care Food Program**

**An adult household member must complete this form and return it to the center.**

|  |  |
| --- | --- |
| **First and Last Name(s) of Enrolled Child(ren)** | **Center** |
| **PART 1: BENEFITS**If any member of your household currently receives FoodShare Wisconsin, Wisconsin Works Cash Benefits, and/or FDPIR (Food Distribution Program on Indian Reservations), **check the box for the benefit currently received and provide the case number.** **Complete PART 3 and return it to the center’s office.** **Do not** **complete PART 2. If no one receives these benefits, go to PART 2.** |
| ❑ **FoodShare Wisconsin (10 or 16 digit #)** ❑ **Wisconsin Works Cash Benefits (10 digit #)** ❑ **FDPIR (9 digit #)** |
| **Case Number/Quest Card Number:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **PART 2: TOTAL HOUSEHOLD SIZE AND INCOME****1)** List full names and ages of all household members, including yourself and all children. **2)** List all gross income (before deductions or taxes, social security, etc) on the same line as the person who receives it. Self-employed household members should report net income. Check the box for how often it is received. Record each income only once. **If you provided a case number in Part 1, you do not need to complete this part (Part 2).** |
|  | **Check****if****Foster Child** | **2) List gross income and how often it is received** | **Check****if****no****income** |
| Gross income from work | Weekly | Every 2 Weeks | Twice per Month | Monthly | Annually | Welfare Payments,Child Support,and/orAlimony | Weekly | Every 2 Weeks | Twice per Month | Monthly | Annually | Pensions, Retirement, Social Security, SSI, VA benefits | Weekly | Every 2 Weeks | Twice per Month | Monthly | Annually | All Other Income Received Last Month (indicate frequency) |
| **1) List full names of all household members below** |  **Age** |
|  |  | [ ]  | $ | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | $ | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | $ /\_\_\_ | [ ]  |
|  |  | [ ]  | $ | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | $ | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | $ /\_\_\_ | [ ]  |
|  |  | [ ]  | $ | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | $ | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | $ /\_\_\_ | [ ]  |
|  |  | [ ]  | $ | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | $ | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | $ /\_\_\_ | [ ]  |
|  |  | [ ]  | $ | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | $ | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | $ /\_\_\_ | [ ]  |
|  |  | [ ]  | $ | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | $ | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | $ /\_\_\_ | [ ]  |
| **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? ❑ Yes, Hispanic or Latino ❑ No, neither Hispanic nor Latino |
| select one or more of the following categories that apply to your child(ren): ❑ American Indian or Alaska Native ❑ Black or African American ❑ White ❑ Asian ❑ 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 you do 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#)**\*\*\*-\*\*-\_\_ \_\_ \_\_ \_\_ ❑ None** |
| *FOR CENTER USE ONLY – All 3 sections and the Effective Month of Determination must be completed* |
| **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**❑ **W-2 Cash Benefits**❑**FDPIR**❑**Foster Child(ren)** | ❑ **Free** ❑ **Reduced**❑ **Non-Needy** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **\*\*Effective Month of Determination****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***Month/Year* |

**\*Use the following conversion factors to determine yearly income only when multiple pay frequencies are reported:**

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.

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