



## How to Complete the Household Income Statement Form

Fill out a Child and Adult Care Food Program—Household Income Statement if any of the following apply:

- Any person in your household currently participates in one of these programs: Minnesota Family Investment Program (MFIP), Supplemental Nutrition Assistance Program (SNAP), or Food Distribution Program on Indian Reservations (FDPIR), or
- You have one or more foster children in the household (a welfare agency or court has legal responsibility for the child), or
- Your total household income (gross earnings before deductions, not take-home pay) is less than or equal to the income shown below for your household size. Include any foster children as members of the household. Do not include as income: foster care payments, federal education benefits, MFIP payments, or value of assistance received from SNAP, WIC, or FDPIR. Military: Do not include combat pay or assistance from the Military Privatized Housing Initiative. The income guidelines are effective from July 1, 2021 through June 30, 2022.

### Maximum Total Income

Household Size	\$ Annual	\$ Monthly	\$ Twice Per Month	\$ Every Two Weeks	\$ Weekly
1	23,828	1,986	993	917	459
2	32,227	2,686	1,343	1,240	620
3	40,626	3,386	1,693	1,563	782
4	49,025	4,086	2,043	1,886	943
5	57,424	4,786	2,393	2,209	1,105
6	65,823	5,486	2,743	2,532	1,266
7	74,222	6,186	3,093	2,855	1,428
8	82,621	6,886	3,443	3,178	1,589
Add for each additional person	8,399	700	350	324	162

### Step 1 - Children to List

List all infants and children in the household and their birthdates, even if they are not related. Attach another page if needed to list all children. Fill in circles to show which children are enrolled at this child care center. If any children are foster children, fill in the circle.

Providing ethnic and racial information for each child is optional and does not affect approval for CACFP benefits. This information helps to make sure we are fully serving our community.

## Step 2 Case Number

If any household member currently participates in SNAP, MFIP or FDPIR assistance programs, check the box to indicate which assistance program and write in the corresponding case number. Then go to Step 4. If no one in your household participates in SNAP, MFIP or FDPIR, leave Step 2 blank and continue on to Step 3.

NOTE: Benefits received from Child Care Assistance, Medical Assistance (MA), Women, Infants, and Children (WIC), and Person Master Index (PMI) numbers **do not** qualify for this purpose and cannot be reported on the Household Income Statement in Step 2.

## Step 3 Adults / Incomes / Last Four Digits of Social Security Number

- If any children have regular earning, write in the amount of income and fill in a circle for frequency. Do not write in an hourly wage. Do not include occasional earnings like babysitting or lawn mowing.
- List all adults living in the household (everyone not listed in Step 1) whether related or not, such as grandparents, other relatives, or friends. Include any adult who is temporarily away from home, like a student away at college. Attach another page if necessary.
- List gross incomes before deductions, not take-home pay. **Do not list an hourly wage rate.** For adults with no income to report, enter a '0' or leave the section blank. This is your certification (promise) that there is no income to report for these adults.
- For each income, fill in a circle to show how often the income is received: weekly, every two weeks, twice per month, or monthly. For fluctuating income like seasonal work, list average monthly income.
- For farm or self-employment income **only**, list the net income per year or month after business expenses. A loss from farm or self-employment must be listed as 0 income and does not reduce other income.
- The adult household member signing the form must provide the last four digits of their Social Security number or check the box if they do not have a Social Security Number.

## Step 4 Signature and Contact Information

An adult household member must sign and date the form.

# Child Enrollment Form—Child and Adult Care Food Program

Dear Parents or Guardians,

Your child care center participates in the U.S. Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP) which ensures healthy meals are served to your children. To meet CACFP requirements specific enrollment information must be collected annually. Please complete this form and return it to your child care center.

Name of the Child Care Center: Center of Excellence - People Serving People

Child's First Name	Child's Last Name	Date Of Birth	Beginning Date of Child Care

Schedule	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Enter the normal hours your child is in care*							

Check the meals your child normally receives while in care:

<b>Weekdays</b>	<input type="checkbox"/> Breakfast	<input type="checkbox"/> AM Snack	<input type="checkbox"/> Lunch	<input type="checkbox"/> PM Snack	<input type="checkbox"/> Supper	<input type="checkbox"/> Eve Snack
<b>Weekends</b>	<input type="checkbox"/> Breakfast	<input type="checkbox"/> AM Snack	<input type="checkbox"/> Lunch	<input type="checkbox"/> PM Snack	<input type="checkbox"/> Supper	<input type="checkbox"/> Eve Snack

\*(for example, 7:30 a.m. – 5 p.m.; for a split schedule, 7:30 a.m. – 9 a.m. and 12:30 p.m. – 5 p.m.)

Child's First Name	Child's Last Name	Date Of Birth	Beginning Date of Child Care

Schedule	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Enter the normal hours your child is in care*							

Check the meals your child normally receives while in care:

<b>Weekdays</b>	<input type="checkbox"/> Breakfast	<input type="checkbox"/> AM Snack	<input type="checkbox"/> Lunch	<input type="checkbox"/> PM Snack	<input type="checkbox"/> Supper	<input type="checkbox"/> Eve Snack
<b>Weekends</b>	<input type="checkbox"/> Breakfast	<input type="checkbox"/> AM Snack	<input type="checkbox"/> Lunch	<input type="checkbox"/> PM Snack	<input type="checkbox"/> Supper	<input type="checkbox"/> Eve Snack

\*(for example, 7:30 a.m. – 5 p.m.; for a split schedule, 7:30 a.m. – 9 a.m. and 12:30 p.m. – 5 p.m.)

Infants Only: Your center is required to offer Iron-Fortified Infant Formula (IFIF). The iron-fortified infant formula this center offers is: \_\_\_\_\_. You have the option of providing your own IFIF, providing expressed breastmilk or breastfeed on-site. Please indicate your preference (choose one or more):

☐ I want the center to supply formula for my infant. ☐ I will provide breastmilk for my infant.

☐ I will provide the following formula for my infant: \_\_\_\_\_ ☐ I will breastfeed my infant at the center.

The center will introduce semi-solid foods to your infant according to the decisions made by you and your infant's doctor.

*If there are other children in care, please complete additional forms as needed.*

Parent/Guardian Signature: \_\_\_\_\_ Date Signed (form completed annually): \_\_\_\_\_

Parent/Guardian Name (please print): \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Child enrollment information needs updates annually. If the above information is the same, initial and date below.

Initial:							
Date:							

# Child and Adult Care Food Program – Child Care Centers Household Income Statement – July 2021

**Step 1** List all infants, children and students through grade 12 in the household, even if they are not related. If more space is needed, attach another sheet.

		If yes, fill in one or more circles for each child. <i>Ethnicity and Race are Optional</i>										
Child's First Name	Child's Last Name	Birthdate	Enrolled at this center?	Foster Child?	Ethnicity		Race – One or more may be selected					
					Hispanic / Latino?	American Indian or Alaskan Native?	Asian?	Black or African American?	Native Hawaiian or other Pacific Islander?	White?		
MI												

**Step 2** Do any household members currently participate in SNAP, MFIIP, or FDIPIR? If yes, check which program and write the corresponding case number below:  
Go on to Step 4. If no, go to Step 3. **NOTE: Child Care Assistance, Medical Assistance, WIC benefits, and PMI numbers do not qualify for Step 2.**

☐ **SNAP** Case number \_\_\_\_\_ ☐ **MFIIP** Case number \_\_\_\_\_ ☐ **FDPIR** Case number \_\_\_\_\_

**Step 3** Report income for all household members. Skip this step if you answered yes to Step 2 or if all participants are foster children.

**A. Child Income.** Include the total income a child earns or receives. Child Income: \_\_\_\_\_ ☐ Weekly ☐ Every two weeks ☐ Twice per Month ☐ Monthly

**B. Adult Income.** Include yourself and record total income below. List all adult household members even if they don't receive income.

Adults - Full Name List the full name of each household member who is living with you and shares income and expenses. Enter all income(s) in whole dollars. If zero income write 0. Include any college students temporarily away.	Gross Pay from Work Do not write in an hourly wage				Farm or Self-Employment	Net Income after business expenses. State if annual or monthly.	Public Assistance, Child Support, Alimony			All Other Incomes								
	Gross pay before taxes (not take-home pay)	Weekly	Every two weeks	Twice per month			Monthly	Annual	Payments received	Weekly	Every two weeks	Twice per month	Monthly	Pension, retirement, disability, unemployment, Veterans benefits, etc.	Weekly	Every two weeks	Twice per month	Monthly
	\$					\$												
	\$					\$												
	\$					\$												

**C.** Last four digits of signer's Social Security Number (SSN) or no SSN (required): X X X-X X-☐☐☐☐ or ☐ I don't have a Social Security Number.

**Step 4** I certify (promise) that all information on this application is true and correct and all household members and incomes are reported. I understand that this information is given in connection with receipt of federal funds and that officials may verify (check) the information. I understand that if I purposely give false information, I may be prosecuted under applicable federal and state laws.

Signature of adult household member (required): \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Approved: ☐ A—Foster ☐ A—Case Number ☐ A—Income ☐ B—Income ☐ C Total Household Members: \_\_\_\_\_ Total Income: \$ \_\_\_\_\_ per \_\_\_\_\_  
Effective Dates: From \_\_\_\_\_ through \_\_\_\_\_ Sponsor Signature \_\_\_\_\_ Date \_\_\_\_\_





## Child and Adult Care Food Program – Child Care Centers Household Income Statement – July 2021

### Farmer or Self-Employed

Income is your *net* income (after deducting business expenses) from farm or self-employment during the year, which is generally shown on Schedule C or F from the federal tax return. A loss from farm or self-employment must be listed as zero income and does not reduce other household income for the purpose of completing this form.

### Seasonal Worker

Income is your expected *average gross income* before deductions (*not* take-home pay) from seasonal work during the year. List your *average gross income* from seasonal work per month or other frequency.

### Privacy Act Statement / How Information Is Used

The Richard B. Russell National School Lunch Act requires the information on this form. You do not have to give this information but if you do not, we cannot approve your child for free or reduced-price school meals. You must include the last four digits of the Social Security number of the adult household member who signs the application. The last four digits of the Social Security number are not required when you apply on behalf of a foster child, or you provide a Minnesota Family Investment Program (MFIIP), Supplemental Nutrition Assistance Program (SNAP) or Food Distribution Program on Indian Reservation (FDPIR) assistance number, or you indicate that the adult household member signing the application does not have a Social Security number.

Only authorized officials will have access to the information you provide on this form. We will use your information to determine if your child qualifies for free or reduced-price meals, and for administration and enforcement of the program. We may share your information with other education, health, and nutrition programs to help them evaluate, fund or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules. We require written consent from you before sharing information for other purposes.

While listing your children's race and ethnicity is voluntary, CACFP uses the percentages of participants in each racial and ethnic category to make sure CACFP is operated in a nondiscriminatory manner and in compliance with federal and civil rights laws. The information is not required and will not affect approval of benefits.

### Nondiscrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the *USDA Program Discrimination Complaint Form* (AD-3027) found online at: [https://www.ascr.usda.gov/complaint\\_filing\\_cust.html](https://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) Mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) Fax: (202) 690-7442; or (3) Email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

### Office Use Only: Verification (Pricing Program Only)

Date Verification Sent: \_\_\_\_\_ Response Due: \_\_\_\_\_ 2<sup>nd</sup> Notice: \_\_\_\_\_ Result: ☐ No Change ☐ A to B ☐ A to C ☐ B to A ☐ B to C

Reason for change: ☐ Income ☐ Case number not verified ☐ Foster not verified ☐ Refused cooperation ☐ Other: \_\_\_\_\_

Signature of verifying official: \_\_\_\_\_ Date: \_\_\_\_\_