

FISCAL YEAR 2006 CACFP HOUSEHOLD INCOME ELIGIBILITY STATEMENT

RETURN THIS COMPLETED FORM TO:

Tender-Hearts Learning Center
 1529 E. 12 Mile Rd.
 Madison Heights, MI, 48071

PART 1 - Households Receiving Food Stamps or FIP Benefits or Other Categorically Eligible Program

<ul style="list-style-type: none"> List the first and last names of your children enrolled in the center. Indicate if your child(ren) receives food stamps or FIP benefits, and list the case number(s). Do not use the Bridge Card number. FIP benefits are benefits received through the Family Independence Program NOT benefits received from Medicaid, WIC, or Department of human Service's (DHS) Child Care Assistance Program (where DHS pays a portion of your child care expenses). Go to PART 3. Sign and date the form. (You do not need to complete PART 2 if you complete part 1) 			
Names of Children (First and Last)	FOOD STAMP #	FIP# (formerly AFDC)	Case #

PART 2 - Households Not Receiving Food Stamps or FIP

<ul style="list-style-type: none"> If you did not list a Food Stamp or FIP number in PART 1, complete PART 2 and PART 3 of this form. List the names and ages of everyone (related or not related) living in your household; including yourself, other adults and children. Place an 'X' in the next column for the children enrolled. If you need more space, use a separate sheet of paper. By person, list the amount and source of income received last month. List gross income before deductions for taxes, social security, etc. Do not leave income columns blank; enter zero if there is no income. Go to PART 3. Sign, date, and print your social security number or the word "NONE" if you do not have a social security number. 					
Full Name (First and Last)	Enrolled for Child Care	Age	Monthly Earnings From Work (before deductions)	Monthly Welfare, Child Support, or Alimony	All Other Income (indicate source and amount)

PART 3 - ALL HOUSEHOLDS

I certify that all of the above information is true and correct and that the Food Stamp case number or FIP case number is correct or that all income is reported. I understand that this information is given for the receipt of federal funds; that program officials will verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

Signature of Adult Household Member	Social Security Number	
Printed Name of Adult	Home Telephone Number	Work Telephone Number
Street Address	City/State/Zip	Date

For Sponsor Use Only

Total Household Members:	Total Monthly Income \$	
Sponsor Signature:	Date:	Approved Category
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HELP WITH INCOME

To determine monthly income:

- If paid every week, multiply the total gross income by 52 and divide by 12.
- If paid every two weeks, multiply the total gross income by 26 and divide by 12.
- If paid once a month, use the total gross income.
- If paid twice a month, multiply the total gross income by 2.
- If paid once a year, divide the total gross income by 12.

FARMER OR SELF-EMPLOYED:

Monthly income is gross farm or business income received in the month prior to application minus farm or business expenses. Gross wages from other jobs or income from other sources must also be listed as income. A loss from self-employment must be listed as zero income and cannot reduce other income.

FARMER, SELF-EMPLOYED OR SEASONAL WORKER:

If you or a member of your household received higher or lower than usual income last month, please list the expected average monthly income on the front of this application.

PRIVACY ACT INFORMATION - SOCIAL SECURITY NUMBERS

Section 9 of the National School Lunch Act requires that, unless your child's food stamp or FIP case number is provided, you must include the social security number of the adult household member signing the application or indicate that the household member does not have a social security number. Provision of a social security number is not mandatory, but if a social security number is not given or an indication is not made that the signer does not have such a number, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a food stamp or welfare office to determine current certification for receipt of food stamps or FIP benefits, contacting the state employment security office to determine the amount of benefits received and checking the documentation produced by household members to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal actions if incorrect information is reported.

FOSTER CHILD

DEFINITION - A foster child is a child who is living with a household but who remains the legal responsibility of the welfare agency or court. A foster child is considered a household of one.

In certain cases, foster children are eligible for Tier 1 meal reimbursement regardless of household income. If such children are living with you and you wish to apply for this reimbursement, please contact us.

FOOD STAMP/FIP RECIPIENTS

If your household receives food stamps or FIP benefits for your child(ren) enrolled at the child care site, your child(ren) is/are automatically eligible for Tier I reimbursement. You must complete Part 1 and Part 3 of the Household Income Eligibility Application.

