

Dear Parent/Guardian:

We provide nutritious meals every day to the children at our center.

The Child and Adult Care Food Program (CACFP) helps our center to pay for meals. The amount of help we get depends on the incomes of households with children in care. **Please complete the enclosed CACFP Household Income Statement form** following the instructions. If your household income is higher than the guidelines shown on the instructions page, please write “over income” on the Household Income Statement, include your children’s names, and return the form.

Return your completed Household Income Statement form to:

Dreamers Child Care
6304 HWY 65 NE, Fridley MN, 55432

Commonly Asked Questions:

I already get MFIP or SNAP benefits. Do I meet CACFP income guidelines? Yes. You should provide your case number on the form instead of income information if anyone in your household is approved for one of these programs: Minnesota Family Investment Program (MFIP), Supplemental Nutrition Assistance Program (SNAP) or Food Distribution Program on Indian Reservations (FDPIR).

In addition, foster children meet CACFP guidelines without providing income information.

Your household may meet CACFP income guidelines if you are approved for the *Women, Infants, and Children* program (WIC) or *Medical Assistance* program (MA). Please fill out a Household Income Statement form.

Who should I include as members of my household? Include yourself and all other people living in your household, related or not (such as grandparents, other relatives or friends). Include anyone who is temporarily away, for example a college student.

What if my income is not always the same? List the amount that you normally get. Include overtime pay if you regularly work overtime. For fluctuating income like seasonal work, list the average monthly income.

Do I need to provide my Social Security number? If household incomes are reported on the form, the person signing the form must write in just the last four digits of their Social Security number. If you don’t have a Social Security number, indicate that on the form.

May I fill out a Household Income Statement if someone in my household is not a U.S. citizen? Yes. You or your children or other household members do not have to be U.S. citizens for you to fill out a CACFP Household Income Statement.

How will my information be kept? We will keep your information on file as private data. The back page of the form has more information about data privacy.

If I don’t qualify now, may I apply later? Yes. Please complete a Household Income Statement form at any time if your income goes down, your household size goes up, or you start getting SNAP, MFIP or FDPIR benefits.

If you have other questions or need help, please call (763) 432-7866

Sincerely, Dreamers Child Care Administration

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 already is approved for 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, 2018 through June 30, 2019.

Maximum Total Income

Household Size	\$ Per Year	\$ Per Month	\$ Twice Per Month	\$ Per 2 Weeks	\$ Per Week
1	22,459	1,872	936	864	432
2	30,451	2,538	1,269	1,172	586
3	38,443	3,204	1,602	1,479	740
4	46,435	3,870	1,935	1,786	893
5	54,427	4,536	2,268	2,094	1,047
6	62,419	5,202	2,601	2,401	1,201
7	70,411	5,868	2,934	2,709	1,355
8	78,403	6,534	3,267	3,016	1,508
Add for each additional person	\$7,992	\$666	\$333	\$308	\$154

Step 1 - Children to List

List all infants and children in the household, even if they are not related. Attach another page if needed to list all children. Fill in the circle if a child is in foster care. 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, write in your case number, check which program you participate in, and then go to Step 4. If you do not participate in any of these programs, leave Step 2 blank and continue on to Step 3. Medical Assistance (MA) and Women, Infants, and Children (WIC) do *not* qualify for this purpose.

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

- If there is any regular income to children like wages, write in the total regular income for all children. Do not include occasional earnings of children 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 other week, 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.

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.

Child's First Name	M I	Child's Last Name	Birthdate	If yes, fill in one or more circles for each child. <i>Ethnicity and Race are Optional</i>							
				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?
				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Step 2 Do any household members currently participate in SNAP? MFIP? FDPIR? **If yes, write the case number here**

Check the program box and then go to Step 4. Medical Assistance and WIC do not qualify for Step 2. **If no**, go to Step 3.

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 may earn or receive here. Child Income: Weekly Bi-Weekly 2x 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	Public Assistance, Child Support, Alimony	All Other Incomes									
	Gross pay before taxes (not take-home pay)	W e e k l y	B i - W e e k l y	2 / M o n t h l y	M o n t h l y	Net Income after business expenses. State if annual or monthly.	Payments received	W e e k l y	B i - W e e k l y	2 / M o n t h l y	M o n t h l y	Pension, retirement, disability, unemployment, Veterans benefits, etc.	W e e k l y	B i - W e e k l y	2 / M o n t h l y	M o n t h l y
	\$	o	o	o	o	\$	\$	o	o	o	o	\$	o	o	o	o
	\$	o	o	o	o	\$	\$	o	o	o	o	\$	o	o	o	o
	\$	o	o	o	o	\$	\$	o	o	o	o	\$	o	o	o	o
	\$	o	o	o	o	\$	\$	o	o	o	o	\$	o	o	o	o

C. Last four digits of signer's Social Security Number (SSN) or no SSN (required): XX X-XX-□□□□ 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:** _____

Sponsor Use Only—Do Not Write Below

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

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 (MFIP), 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: http://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.

This institution is an equal opportunity provider.

Office Use Only: Verification (Pricing Program Only)

Date Verification Sent: _____ Response Due: _____ 2nd 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: _____