

FISCAL YEAR 2006 MICHIGAN CACFP HOUSEHOLD INCOME ELIGIBILITY STATEMENT

RETURN THIS COMPLETED FORM TO:

(Insert Sponsor's Name, Address, and Telephone Number)

PART 1 - Households Receiving Food Stamps or FIP Benefits

- 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).
- Go to PART 3. You must sign the form. (You do not need to complete PART 2, if you complete Part 1).

Names of Children (first and last)	Does this Child Receive
	Food Stamps ____ *FIP Benefits ____ Case # _____
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*NOTE: This refers to benefits received under the FIP (Family Independence Program). It does NOT mean benefits received under Medicaid, WIC, or FIA's Child Care Assistance Program (where FIA pays a portion of your child care expenses).

PART 2 - Households NOT Receiving Food Stamps or FIP Benefits

- If you did not list a Food Stamp or FIP number in PART 1, you must 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 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**. You must 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. You must sign the form and print your social security number or the word "NONE" if you do not have a social security number in PART 3.

Names (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 Statement; 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: \$	Approved Category:
Sponsor Signature:	Approval Date:	A B C

THIS FORM IS VALID FROM THE DATE OF SPONSOR SIGNATURE. DATE MUST BE ON FORM.

**** CIVIL RIGHTS INFORMATION – Please complete ****

Provision of this information is voluntary, is not part of the Statement, and has no effect on the determination of eligibility to receive benefits. This information will be used to determine whether or not the institution is complying with applicable provisions of civil rights laws. If you do not provide this information, a representative of the institution which provides you with child care is required to identify the racial/ethnic category of your enrolled child.

- Identified by Adult Household Member** or **Identified by Institution Representative**
- | | |
|--|--|
| <input type="checkbox"/> White, not Hispanic Origin | <input type="checkbox"/> American Indian or Alaskan Native |
| <input type="checkbox"/> Black, not of Hispanic Origin | <input type="checkbox"/> Asian or Pacific Islander |
| <input type="checkbox"/> Hispanic | |

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 Statement 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 Statement.

**** PRIVACY ACT INFORMATION – SOCIAL SECURITY NUMBERS ****

Section 9 of the national School Lunch Act requires that, unless your child's food stamp FIP (formerly AFDC) case number is provided, you must include the social security number of the adult household member signing the Statement 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 Statement 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 Statement. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a Department of Human Services (DHS) county 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 loss 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 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 "A" (free) or "B" (reduced price) meals regardless of household income. If such children are living with you and you wish to apply for this reimbursement, please contact us.

FOOD STAMPS/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 free meals. You must complete Part 1 and Part 3 of the Household Income Eligibility Statement.