

INCOME ELIGIBILITY FORM

FOR MEAL REIMBURSEMENT BENEFITS IN FAMILY DAY CARE HOMES

FAMILY SURNAME(S):

PROVIDER NAME:

<input type="checkbox"/> TIER I <input type="checkbox"/> TIER II	DENIED: <input type="checkbox"/> Income over allowed amount <input type="checkbox"/> Incomplete / missing information <input type="checkbox"/> Other _____ <input type="checkbox"/> Household was notified	APPROVED: <i>(For Sponsor official use only)</i> <input type="checkbox"/> Approved by area <input type="checkbox"/> Approved by provider income <input type="checkbox"/> Approved by parent income <input type="checkbox"/> Approved temporarily until _____ <i>(45 days)</i>	SIGNATURE OF APPROVING OFFICIAL: _____ Signature Date
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1A. CHILDREN FOR WHOM APPLICATION IS BEING MADE: <small>List all children. If more space is needed, use left margin.</small>						2. CATEGORICAL APPROVAL: Enter the FEP, Food Stamp, or Food Distribution Program on Indian Reservations (FDPIR) case number for each child. If a case number is given for all children, you may omit income information (skip 3A-C).			3A. Child Monthly Income and Source		
NAME	Last	First	MI	Birth Date	Age	Ward of Court / Foster Child (X)				Income	Source
1.											
2.											
3.											
4.											
5.											

1B. NAMES OF ALL HOUSEHOLD MEMBERS: List everyone in the household.				3B. TOTAL GROSS INCOME: List how much each person makes and how often it is received.								
NAME	Last	First	M.I.	Gross Earnings from work (before deductions)		Pensions, retirement, Social Security payments		Welfare, alimony, child support		Other income (2 nd job, etc.)		Check if no income
				Income	How often	Income	How often	Income	How often	Income	How often	
1.				\$		\$		\$		\$		<input type="checkbox"/>
2.				\$		\$		\$		\$		<input type="checkbox"/>
3.				\$		\$		\$		\$		<input type="checkbox"/>
4.				\$		\$		\$		\$		<input type="checkbox"/>
5.				\$		\$		\$		\$		<input type="checkbox"/>
6.				\$		\$		\$		\$		<input type="checkbox"/>
7.				\$		\$		\$		\$		<input type="checkbox"/>

1C. TOTAL NUMBER OF PERSONS IN THE HOUSEHOLD		Sponsor: If income is listed as different pay periods, convert all to annual: Hourly X 2080; Weekly X 52; Every 2 Weeks X 26 Twice a Month X 24; Total Income _____ per <input type="checkbox"/> Week <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice a Month <input type="checkbox"/> Month <input type="checkbox"/> Year
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4. NAME AND MAILING ADDRESS OF HOUSEHOLD APPLYING (please print): Name: _____ Address: _____ Apt.: _____ City _____ State: _____ Zip: _____ Home Telephone: _____ Work Telephone: _____	6. SOCIAL SECURITY NUMBER AND SIGNATURE: Unless you include your child's case number for the Food Stamp Program, FDPIR (Food Distribution Program on Indian Reservations), or FEP, you must include the social security number (SSN) of the adult household member signing the application, or indicate that this person does not have a SSN by writing "NONE". This is required by section 9 of the National School Lunch Act. The social security number is not mandatory, but the application cannot be approved if a social security number is not given, or an indication is not made that the signer does not have a SSN. The SSN will be kept confidential and only used in the administration and enforcement of the program. I certify that all information furnished is true and correct; that the application is being made in connection with the receipt of federal funds; that program officials may verify the information and on the application; and that deliberate misrepresentation of the information on the application may subject me (the applicant) to prosecution under applicable state and federal criminal statutes. An adult must sign the application under state and federal laws before it can be approved. Signature: _____ Date: _____ Social Security Number: _____ <input type="checkbox"/> No Social Security Number
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5. RACE / ETHNIC IDENTITY: (You are not required to answer these questions)	
Mark one ethnic identity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> NOT Hispanic or Latino	Choose one or more (regardless of ethnicity): <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Pacific Islander

INSTRUCTIONS

APPLICATION FOR MEAL REIMBURSEMENT BENEFITS

Do not write in the shaded areas or use correction fluid. Complete the application using ink and return to Helping Hands, Inc. for processing.

Section 1A - 1C. Household Members

List all household members, related or unrelated, residing together as an economic unit.

- 1A. List all children for whom application is being made.
- 1B. List all other household members.
- 1C. Write the total number of people in the household.

Foster children must have a separate form for each child listing the income by source received by the child for personal use. Complete sections 1A, 3A, and 6.

Section 2. Categorical Approval (FEP, Food Stamp, or FDPIR).

Give appropriate case numbers for **each child** in the provider's household instead of completing income information (Section 3A-3C). If all children do not qualify for categorical approval, complete the full application.

Section 3A - 3C. Income by Source.

3A. If the children have significant income, list the monthly amount for each including a foster child's personal income.

3B. **Gross income last month and how often it was received.** Next to each person's name, list each type of income received last month, and how often it was received. For example, *Earnings from work*: List the **gross income** each person earned from work. This is not the same as take-home pay.

Gross income is the amount earned before taxes and other deductions. A child's summer job with earnings of insignificant amounts is not required to be included. Next to the amount, write how often the person got it (hourly, weekly, every other week, twice a month, or monthly). If income is listed as different pay periods convert all to annual income. Conversion: Hourly x 2080, Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12. If the person does not have any income, check the "no income" box.

3C. Total household income (add all the income listed in 3A plus 3B).

Examples of Income to Report in Section 3B

Wages / salaries / tips	Workers compensation	Unemployment compensation
Social Security	Retirement income	Supplemental Security Income
Strike benefits	Welfare payments	Net income for self-owned business/farm
Veteran payments	Child support payments	
Alimony payments		

Other Income

Earnings from second job(s)	Interest / dividend	Income from estates/trust/investments
Disability benefits	Cash taken from savings	Regular contributions from persons not living in household
Royalties/annuities/rental income	Any other monies that may be available to pay for the child's meal.	

Section 4. Name and Mailing Address of Household Applying

To notify you if information is incomplete, your contact information is needed.

Section 5. Race / Ethnic Identity (Optional).

Answer this if you want to. It helps determine whether benefits are available to everyone.

Section 6. Social Security Number and Signature.

It is required to have an adult / parent signature and Social Security Number. If you do not have a Social Security Number, Check the box for "No Social Security Number". Without these items, the application cannot be processed.

Privacy Act Statement: Unless you list the child's food stamp, FDPIR, or FEP case number, Section 9 of the National School Lunch Act requires that you include the Social Security Number (SSN) of the household member signing the application or indicate that the household member does not have a SSN. You do not have to list a SSN, but if a SSN is not listed or an indication is not made that the adult household member signing the application does not have a SSN, we cannot approve the application. The SSN may be used to identify the household member in verifying the correctness of information stated on the application. This may include program reviews, audits, and investigations and may include contacting employers to determine income, contacting a food stamp, FDPIR or FEP office to determine current certification for food stamps, FDPIR or FEP benefits, contacting the Department of Workforce Services to determine the amount of benefits received and checking the documentation produced by the household member 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.

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discrimination on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

Income Eligibility Guideline Scale: (for period covering: July 1, 2009 – June 30, 2010)

Household Size	Yearly	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	20,036	1,670	835	772	386
2	26,955	2,247	1,123	1,037	519
3	33,874	2,823	1,412	1,303	652
4	40,793	3,400	1,700	1,569	785
5	47,712	3,976	1,988	1,835	918
6	54,631	4,553	2,277	2,101	1,051
7	61,550	5,130	2,565	2,367	1,184
8	68,469	5,706	2,853	2,633	1,317
For each additional family member, add	+6,919	+577	+289	+267	+134