



## Child and Adult Care Food Program – Antioch Youth & Family Childcare Center Household Income Statement

<b>Step 1</b> List all Children in the Household (infant through grade 12) Attach an additional page if necessary.					<b>Optional: Ethnicity and Race questions are optional and do not affect approval of this form</b>					
First Name	Last Name	Age	Child is enrolled at this center? If yes, fill in the circle.	*Foster Child? If yes, fill in the circle.	- Optional - Ethnicity? - Optional - Racial Identity? Fill in one or more circles for each child.					
					If Hispanic or Latino Ethnicity, fill in the circle.	American Indian or Alaskan Native	Asian	Black or African American	Native Hawaiian or other Pacific Islander	White
			○	○	○	○	○	○	○	○
			○	○	○	○	○	○	○	○
			○	○	○	○	○	○	○	○
			○	○	○	○	○	○	○	○
			○	○	○	○	○	○	○	○

\*The foster child is a legal responsibility of a welfare agency or court. If all enrolled children listed above are foster children, skip steps 2 and 3.

**Step 2 Benefits (if applicable)**  
If any household member receives benefits from one of the assistance programs listed below: **Check the program box and write in the case number.**  
*Skip Step 3.*

Name \_\_\_\_\_ Case Number \_\_\_\_\_

Minnesota Family Investment Program (MFIP)  
 Supplemental Nutrition Assistance Program (SNAP)  
 Food Distribution Program on Indian Reservations  
 - Medical Assistance and WIC do *not* qualify -

**Step 3 Below List All Adult Household Members and Household Incomes.** Include all household members not listed in Step 1, related or not, including yourself. Attach an additional page if necessary.  
**The adult who signs this application must** include the last 4 digits of their Social Security number (SSN) or an indication of none.   -   - \_\_\_\_\_ OR  I don't have a SSN (Required for Step 3 only)  
**If any child in the household has regular income**, such as a part-time job or SSI, write in the total regular income for all children. Do not include occasional earnings like babysitting or lawn mowing.  
**Total regular income to children:** \$ \_\_\_\_\_  Weekly  Bi-Weekly  2x Month  Monthly  
**Adult Household Members / Incomes** Write in the name of each adult household member in the section below, their gross incomes (*before* deductions) in whole dollars, and how often the income is received.  
**Adult Household Members / Self-Employed** may report net income after business deductions.  
**Adult Household Members / No Income** Write in '0' or leave the section blank – this is your certification (promise) that you have no income to report.

Step 3 Adult Household First and Last Name <small>Include members temporarily away, such as a college student. If income fluctuates, write in the amount normally received (before deductions).</small>	Earnings from Work <i>Gross wages or net self-employment</i>	How often?					Public Assistance, Child Support, Alimony	How often?				All Other Incomes <i>Pension, retirement, disability, Veterans benefits, unemployment</i>	How often?			
		Weekly	Bi-Weekly	2x Month	Monthly	Annual		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly
	\$ _____	○	○	○	○	○	\$ _____	○	○	○	○	\$ _____	○	○	○	○
	\$ _____	○	○	○	○	○	\$ _____	○	○	○	○	\$ _____	○	○	○	○
	\$ _____	○	○	○	○	○	\$ _____	○	○	○	○	\$ _____	○	○	○	○

**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 the center will receive federal funds based on the information I give. I understand that if I purposely give false information, my children may lose meal benefits and I may be prosecuted.

Signature of Adult Household Member (required) \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

**Farmer or Self-Employed**

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

**Seasonal Worker**

Income is your average income before deductions (gross income, not take-home pay) during the year. List average gross income 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 application. 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 form. The last four digits of the Social Security number are not required when the form is completed 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.

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.

**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](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](mailto:program.intake@usda.gov).

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