



## Instructions for Completing the 2019-2020 CACFP Confidential Income Statement (CIS)

(for participants in family day care homes)

If your household gets Supplemental Nutrition Assistance Program (SNAP), OR ATAP/TANF; or **Adult Participant receives** SSI or Medicare follow these instructions:

**Part 1:** List all members in the household, center/provider name, birthdate, and check appropriate boxes.

**Part 2:** List the **case number** for any household member (including adults) receiving [SNAP] or [State TANF] or [FDPIR] benefits; (SSI or Medicare Benefits are only for the Adult Participants in the Adult Care portion of CACFP).

**Part 3:** Skip this part.

**Part 4:** Skip this part.

**Part 5:** Sign the form. The last four digits of a Social Security Number are **not** required. Families with children in family day care homes (FDCH) can check the box if they are returning their form to the FDCH provider.

**Part 6:** Answer this question if you choose.

If any child in household is enrolled in any Head Start program or Receives Free or Reduced Price Meals At School, and If no one in your household gets SNAP or state TANF benefits follow these instructions: (NOT applicable to Family Day Care Home Provider's own family)

**Part 1:** List all members in the household, center/provider name, birthdate, and check appropriate boxes for foster child and PFD's.

**Part 2:** Skip this part.

**Part 3:** Check the appropriate box. **Provide letter from the Head Start agency** that documents the child is enrolled (Only the enrolled child qualifies under this category), **or notification letter from school**, which clearly states if they are FREE or if they are REDUCED (this applies to all children in household, unless the child is Migrant or Homeless Status – which then is for that specific student only).

**Part 4:** Skip this part.

**Part 5:** Sign the form. The last four digits of a Social Security Number are **not** required. Families with children in family day care homes (FDCH) can check the box if they are returning their form to the FDCH provider.

**Part 6:** Answer this question if you choose.

**If you are applying for a foster child, follow these instructions:**

**Part 1:** List all members in the household, center/provider name, and check appropriate boxes for foster child and PFD's.

**Part 2:** Skip this part.

**Part 3:** Skip this part

**Part 4:** Skip this part.

**Part 5:** Sign the form. The last four digits of a Social Security Number are **not** required. Families with children in family day care homes (FDCH) can check the box if they are returning their form to the FDCH provider.

**Part 6:** Answer this question if you choose.

**If SOME of the children in the household are foster children and some children are not but attend the center, follow these instructions:**

**Part 1:** List all members in the household, center/provider name, birthdate, and check appropriate boxes for foster child and PFD's.

**Part 2:** If the household does not have a case number skip this part.

**Part 3:** If there are no children who are Head Start or get free or reduced meals at school, skip this part.

**Part 4:** Follow these instructions to report total household income from last month.

**Box 1–Name:** List all household members with income.

**Box 2 –Gross income last month and how often (sequence) it was received:** For each household member, list each type of income received. You must tell us how often the money is received (A=annual, M=monthly, T=twice per month, E2=every two weeks, or W=weekly). **Gross income is the amount earned before taxes and other deductions.** *First Column:* List earnings from work - the **gross income** each person earned from work. The amount should be listed on your pay stub. *Second Column:* List the amount each person got last month from welfare, child support, and alimony. *Third Column:* List all pensions, retirement, and Social Security, and *Fourth Column:* List ALL OTHER INCOME SOURCES - include Worker’s Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran’s benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME. Report net income for self-owned business, farm, or rental income. If you are in the Military Housing Privatization Initiative do not include this housing allowance. (This is not an allowable exclusion for households living off-base in the general commercial/private real estate market).

**Part 5:** Adult household member must sign the form and list the **last four digits** of a Social Security Number (or mark the box if s/he doesn’t have one). Families with children in family day care homes (FDCH) can check the box if they are returning their form to the FDCH provider.

**Part 6:** Answer this question if you choose.

<b>ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:</b>
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**Part 1:** List all members in the household, center/provider name, birthdate, and check appropriate boxes.

**Part 2:** Skip this part.

**Part 3:** Skip this part.

**Part 4:** Follow these instructions to report total household income from last month.

**Box 1–Name:** List all household members with income.

**Box 2 –Gross income last month and how often (sequence) it was received** for each household member, list each type of income received last month. You must tell us how often the money is received (A=annual, M=monthly, T=twice per month, E2=every two weeks, or W=weekly). **Gross income is the amount earned before taxes and other deductions.** *First Column:* List earnings from work - the **gross income** each person earned from work. The amount should be listed on your pay stub. *Second Column:* List the amount each person got last month from welfare, child support, and alimony. *Third Column:* List all pensions, retirement, and Social Security, and *Fourth Column:* List ALL OTHER INCOME SOURCES - include Worker’s Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran’s benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME. Report net income for self-owned business, farm, or rental income. If you are in the Military Housing Privatization Initiative do not include this housing allowance. (This is not an allowable exclusion for households living off-base in the general commercial/private real estate market).

**Part 5:** Adult household member must sign the form and list the **last four digits** of a Social Security Number (or mark the box if s/he doesn’t have one). Families with children in family day care homes (FDCH) can check the box if they are returning their form to the FDCH provider.

**Part 6:** Answer this question if you choose.

**2019-2020 CACFP Confidential Income Statement (CIS)** (for participants in family day care homes)

**PART 1. All Household members (if you need more space use a separate piece of paper)**  
*\*If ALL children listed below are foster children, complete Part 1, then skip to Part 5 to sign this form.*

Names of ALL household members (First, Middle Initial, Last)	Center or Provider Name for Each enrolled Child or Adult Participant	Birthdate of children/adult participant(s) (month/day/yr)	Foster Child	Check if approved for PFD issued in 10/2018	Check if approved for PFD issued in 10/2019
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PART 2. Benefits**  
 If any member of your household receives [State SNAP], [FDPIR], [State TANF]. Provide the name and **case number & program name** (ie SNAP) for the person who receives benefits and **skip to Part 5. If NO ONE receives these benefits, skip to Part 3.**  
**(Adult Day Care Participants Only: Provide Medicare Case Number or SSI Number)**  
 Name: \_\_\_\_\_ Case Number: \_\_\_\_\_ Program \_\_\_\_\_

**PART 3. If any child is enrolled in Early Head Start, Head Start, or receives free or reduced meals at school check the appropriate box. [Enclose document letter from EHS/HS/or School]**  
 Early Head Start  Head Start  Free Meals at School  Reduced Meals at School

**PART 4. Total Household Gross Income. You must tell us how much and how often.**

Name (List ALL Adults and children in the household with income.)	Gross income how often it was received A=Annual; W=Weekly; E2=Every 2 Weeks; T=Twice A Month or M=Monthly			
	Gross Earnings from Work before deductions	Welfare, Child support, Alimony	Pensions, Retirement, Social Security	All Other Income
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____

**PART 5. Signature and Last four digits of SSN (An adult household member must sign the CIS.)**

If Part 4 is completed, the adult signing the form also must list the last four digits of their Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

*I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.*

Sign here: \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Last four digits of Social Security Number: \* \* \* - \* \* - \_\_\_\_\_  I allow my FDCH provider to collect this form  
 I do not have a Social Security Number

**PART 6. Children's Ethnic and Racial Identities (Optional)**

Choose one ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	Choose one or more (regardless of ethnicity): <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or other Pacific Islander
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**Privacy Act Statement:**

The Richard B. Russell National School Lunch Act requires the information on this Confidential Income Statement. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced meals which would affect the reimbursement to the provider or center. You must include the last four digit of the social security number of the adult household member who signs the form. The social security number is not required when you apply on behalf of a foster child or you list a SNAP, Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the form does not have a social security number. We will use your information to determine the rate of reimbursement that your child care or adult care provider receives for meals served to your child, or adult participant and for administration and enforcement of the Child and Adult Care Food Program.

<b>CENTER/SPONSOR ORGANIZATION USE ONLY</b>			
<b>This section is for the child care center or family day care home sponsoring organization use only</b>			
Write the total number of household members in the boxes below who qualify for PFD. Write zero (0) if none qualify. <b>Only use one year when calculating income. Use the year which corresponds with the date the CIS is completed below.</b>			
CIS completed <b>BY December 31, 2019</b> Use PFD issued October 2018	_____	CIS completed <b>January 1, 2020 or AFTER</b> Use PFD Issued October 2019	_____
Total household members receiving PFDs _____ x \$1,600.00 = _____ (issued October 2018)			
Total household members receiving PFDs _____ x \$ _____ .00 = _____ ( issued October 2019)			
<b>ELIGIBILITY by INCOME:</b> If there is more than one sequence of income or if the household received any PFDs you must convert all income to annual. (i.e. \$200/T, \$150/M, \$200/M & PFDs = Annual Conversion)  If there is only one sequence of income and the household did not receive any PFDs then you must keep the income at the sequence received. (i.e. \$200/T, \$100/T= No conversion necessary- keep at T)		<b>List the income by sequence from first page:</b>  <b>Total Income by Category:</b> A-Annual: _____ x 1 = _____ M-Monthly: _____ x 12 = _____ T-Twice Per Month: _____ x 24 = _____ E2-Every 2 Weeks _____ x 26 = _____ W-Weekly _____ x 52 = _____  <b>TOTAL HOUSEHOLD INCOME:</b> \$ _____	
<b>Check the sequence of income from above:</b> <input type="checkbox"/> Annual <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Per Month <input type="checkbox"/> Every 2 Wks <input type="checkbox"/> Weekly			
Total Income from above: \$ _____		Household size: _____	
PFD income: \$ _____			
TOTAL INCOME: \$ _____			
<b>OR ELIGIBILITY by CATEGORICAL DOCUMENTATION:</b> Check category from 1 <sup>st</sup> page – must have case number or documentation from Head Start agency or school			
<b>Household Eligible:</b> <input type="checkbox"/> SNAP Household <input type="checkbox"/> ATAP/TANF Household <input type="checkbox"/> FREE at School <input type="checkbox"/> REDUCED at School		<b>Child Individual Eligibility:</b> <input type="checkbox"/> Migrant/Homeless per school <input type="checkbox"/> Foster Child(ren) <input type="checkbox"/> Head Start/EHS	
<b>Adult Individual Eligibility:</b> <input type="checkbox"/> Medicare or SSI for Adult Participant			
<b>DETERMINATION:</b>			
<b>SPONSORS OF CENTERS:</b> <input type="checkbox"/> Free <input type="checkbox"/> Reduced Price <input type="checkbox"/> Over Income			
<b>SPONSORS OF FAMILY DAY CARE HOMES:</b> Income Eligible for Tier I Rates <input type="checkbox"/> Yes- Eligibility Dates: _____ to _____ Approved for Own Children? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No - Reason for denial: <input type="checkbox"/> Income too high <input type="checkbox"/> Incomplete documentation <input type="checkbox"/> Other _____			
Determining Official's Signature _____		Date _____	

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To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (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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