HOUSEHOLD SIZE—INCOME STATEMENT   *Child and Adult Care Food Program*

Complete this form and return it to the center. Please contact the center if you need assistance.

First and Last Name(s) of Enrolled Participant(s)	Center

PART 1: BENEFITS

f any member of your household currently receives FoodShare Wisconsin, Supplemental Security Income (SSI), Medicaid, and/or FDPIR (Food Distribution Program on Indian Reservations), **check the box for the benefit currently received and provide the case number. Complete PART 3 and return it to the center's office. Do not complete PART 2. If no one receives these benefits, go to PART 2.**

❑ **FoodShare Wisconsin (10 or 16 digit #)**   ❑ **SSI**   ❑ **Medicaid**   ❑ **FDPIR (9 digit #)**

Case Number/Quest Card Number: _____

PART 2: TOTAL HOUSEHOLD SIZE AND INCOME

1) List full names of all household members, including yourself.
2) List all gross income (before deductions or taxes, social security, etc) on the same line as the person who receives it. Self-employed household members should report net income. Check the box for how often it is received. Record each income only once.
   If you provided a case number in Part 1, you do not need to complete this part (Part 2).

1) List full names of all household members below	Gross income from work	Weekly	Every 2 Weeks	Twice per Month	Monthly	Annually	Welfare Payments and/or Alimony	Weekly	Every 2 Weeks	Twice per Month	Monthly	Annually	Pensions, Retirement, Social Security, SSI, VA benefits	Weekly	Every 2 Weeks	Twice per Month	Monthly	Annually	All Other Income Received Last Month (indicate frequency)	Check if no income
	$	❑	❑	❑	❑	❑	$	❑	❑	❑	❑	❑	$	❑	❑	❑	❑	❑	$ /___	❑
	$	❑	❑	❑	❑	❑	$	❑	❑	❑	❑	❑	$	❑	❑	❑	❑	❑	$ /___	❑
	$	❑	❑	❑	❑	❑	$	❑	❑	❑	❑	❑	$	❑	❑	❑	❑	❑	$ /___	❑
	$	❑	❑	❑	❑	❑	$	❑	❑	❑	❑	❑	$	❑	❑	❑	❑	❑	$ /___	❑
	$	❑	❑	❑	❑	❑	$	❑	❑	❑	❑	❑	$	❑	❑	❑	❑	❑	$ /___	❑
	$	❑	❑	❑	❑	❑	$	❑	❑	❑	❑	❑	$	❑	❑	❑	❑	❑	$ /___	❑

PART 3: ALL HOUSEHOLDS

ETHNICITY AND RACE DATA COLLECTION – *Completion is optional*

This center is required by Federal law to ask the following two questions concerning ethnicity and race. Your answers are strictly for statistical reporting and will have no effect on determination of eligibility for benefits. **Please answer both questions.**

IS THE ENROLLED PARTICIPANT(S) HISPANIC OR LATINO?   ❑ Yes, Hispanic or Latino   ❑ No, neither Hispanic nor Latino

SELECT ONE OR MORE OF THE FOLLOWING CATEGORIES THAT APPLY TO THE ENROLLED PARTICIPANT(S):

❑ American Indian or Alaska Native ❑ Black or African American ❑ White ❑ Asian ❑ Native Hawaiian or Other Pacific Islander

ADULT HOUSEHOLD MEMBER SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (SS#)

If Part 2 is completed, the adult signing the form must list the last four digits of his/her SS# or check "None" if you do not have a SS#.

I CERTIFY that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of federal funds; that agency officials may verify the information on this form; and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

Signature of Adult Household Member	Signature Date *Mo./Day/Yr.*	Last 4 digits of SS# (or check "None" if you do not have a SS#) *****-**-__ __ __ __** ❑ None

FOR CENTER USE ONLY – All 3 sections and the Effective Month of Determination must be completed

Section 1: Basis of Determining Eligibility (A or B)		Section 2: Eligibility Determination	Section 3: Determining Official's Initials & Approval Date
A. Household Size & Income Total Household Size _____ * Total Income $_____/_____ ($ Amount) (Time Period)	**B. Benefits** ❑ FoodShare WI ❑ SSI ❑ Medicaid ❑ FDPIR	❑ Free ❑ Reduced ❑ Non-Needy	_____
			**Effective Month of Determination _____ Month/Year

*Use the following conversion factors to determine yearly income only when multiple pay frequencies are reported:
Weekly income x 52 = Yearly income; Every 2 weeks income x 26 = Yearly income; Twice a month income x 24= Yearly income; Monthly income x 12= Yearly income.
**This form expires one year from the *Effective Month of Determination*.