



Instructions for Completing the 2009-2010 CACFP Confidential Income Statement (CIS)

If your household gets Supplemental Nutrition Assistance Program (SNAP) which was formerly FOOD STAMPS, OR ATAP/TANF, follow these instructions:

Part 1: List child(ren)'s name, center/provider name, age, and what program you receive assistance under (SNAP/Food Stamp or ATAP/TANF) and your program case number.

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Skip this part.

Part 5: Sign the form. A Social Security Number is not necessary.

Part 6: Answer this question if you choose to.

If your child is enrolled in any HEAD START program or RECEIVE FREE OR REDUCED PRICE MEALS AT SCHOOL, follow these instructions:

Part 1: List child's name, center/provider name, and age. Use a separate application for each Head Start child (Only the enrolled child qualifies under this category). Free/reduced category applies to family.

Part 2: Check the appropriate box. Provide letter from the Head Start agency that documents your child is enrolled, or notification of free/reduced price meals from school.

Part 3: Skip this part.

Part 4: Skip this part.

Part 5: Sign the form. A Social Security Number is not necessary.

Part 6: Answer this question if you choose to.

If you are applying for a FOSTER CHILD, follow these instructions:

Part 1: List child's name, center/provider name, and age. **Use a separate application for each child.**

Part 2: Skip this part.

Part 3: Check the box and list the child's personal use monthly income, if any.

Part 4: Skip this part.

Part 5: Sign the form. A Social Security Number is not necessary.

Part 6: Answer this question if you choose to.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

Part 1: List child's name, center/provider name, and age.

Part 2: Skip this part.

Part 3: Skip this part.

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

Column 1–Name: List the first and last name of **each** person living in your household, related or not. You must include yourself and all children living with you. Attach another sheet of paper if you need to.

Column 2 –Gross income last month and how often (sequence) it was received. Next to each person's name list each type of income received last month, and how often it was received (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.

Column 3–Check if no income: If the person does not have any income, check the box. If this is not checked it is assumed the person received income and CIS will be returned to be completed.

Column 4 & 5- You must check everyone who was approved for a Permanent Fund Dividend, even if part or the entire dividend was garnished. Your application cannot be approved if this information is missing.

Part 5: Sign the form and list Social Security Number, or mark the box if he or she doesn't have one



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Part 1. Children enrolled in day care center or home (Use a separate application for each foster child)

Names of all children in care (First, Middle Initial, Last)	Center or Provider Name	Age	Supplemental Nutrition Assistance Program (SNAP)/Food Stamp Number or ATAP/TANF case # (if any). List program name & #. Skip to Part 5 if you list program name & #.

Part 2. If the child is enrolled in Early Head Start or Head Start or receives Free or Reduced school meals check box. Document by including letter from Early Head Start/Head Start agency or notification of free/reduced meals from elementary school.
 Early Head Start Head Start Free/Reduced Meals at School **Skip to Part 5.**

Part 3. Foster Child If this child is the legal responsibility of a welfare agency or court, check this box and then list the amount of the child's personal use monthly income: \$ _____ . **Skip to Part 5.**

Part 4. Total Household Gross Income—You must tell us how much and how often for each individual. If the person has no income make sure you check the 'no income' box
Alaska Permanent Fund Dividend: You must check the boxes of adults and children listed below that were approved for Permanent Fund Dividend. Include everyone who was approved for a PFD, even if part or the entire dividend was garnished. *The CIS cannot be approved if this information is missing.*

1. Name (List everyone in household)	2. Gross income for last month and how often (sequence) it was received A=Annual; M=Monthly; T=Twice Per Month; E2=Every 2 Weeks; or W=Weekly				3. Check if NO income	4. Check if approved for a PFD in 2008	5. Check if approved for a PFD in 2009
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All Other Income			
(Example) Jane Smith	\$200 / T	\$150 / M	\$200 / M	\$ /	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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"/>	<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 5. Signature and Social Security Number (Adult must sign)
 An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement below)
I certify (promise) that all information on this application is true and that all income is reported. I understand that the child care center or child care provider will get federal funds based on the information I give. I understand that center or state 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: X _____ Print name: _____ Date: _____

Address: _____ Phone Number: _____

Social Security Number: _____ I do not have a Social Security Number

Part 6. Children's racial and ethnic identities (optional) Mark one or more racial identities:

<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Black or African American
<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Other

Privacy Act Statement:

This explains how we will use the information you give us.

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you

list a SNAP/Food Stamp Program, 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 application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with 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.

Non-discrimination Statement:

This explains what to do if you believe you have been treated unfairly.

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to *USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington DC 20250-9410* or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

CENTER/SPONSOR ORGANIZATION USE ONLY

This section is for the child care center or family day care home sponsoring organization use only			
2008 PFD \$ 2,069.00 (this amount does not include the \$1,200 stimulus check, which is not counted as income)			
<i>Write the total number of household members in the boxes below who qualify for PFD. Write 0 if none qualify</i>			
CIS completed PRIOR to 1/1/10 Use PFD issued October 2008	_____	CIS completed AFTER 1/1/10 Use PFD Issued October 2009	_____
Total household members receiving PFDs _____ x \$2,069.00 = _____ (issued October 2008)		Total household members receiving PFDs _____ x \$ _____ .00 = _____ (issued October 2009)	
ELIGIBILITY by INCOME: 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)		List the income by sequence from first page: Total Income by Category: Conversion to Annual: A-Annual: _____ x 1 = _____ M-Monthly: _____ x 12 = _____ T-Twice Per Month: _____ x 24 = _____ E2-Every 2 Weeks: _____ x 26 = _____ W-Weekly: _____ x 52 = _____ TOTAL HOUSEHOLD INCOME: \$ _____	
Check the sequence of income from above: <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: \$ _____	
OR ELIGIBILITY by CATEGORICAL DOCUMENTATION: Check category from 1 st page – must have case number or documentation from Head Start agency or school <input type="checkbox"/> SNAP/Food Stamp Household <input type="checkbox"/> ATAP/TANF Household <input type="checkbox"/> Head Start <input type="checkbox"/> School (only applies to enrollee) Eligibility Dates: _____ to _____			
DETERMINATION:			
<u>SPONSORS OF CENTERS:</u> <input type="checkbox"/> Free <input type="checkbox"/> Reduced Price <input type="checkbox"/> Over Income			
<u>SPONSORS OF FAMILY DAY CARE HOMES:</u> Income Eligible for Tier I Rates <input type="checkbox"/> Yes- Eligibility Dates: _____ to _____ Approved for Own? <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 _____