

2011/2012 CONFIDENTIAL INCOME STATEMENT – Adult Day Care Centers

NOTICE:

- If the participant receives MEDICAID, SSI, SNAP, FDPIR, complete parts 1-2, and 4; (part 5 is optional).
- If the participant does not receive these benefits and your household income is below the guidelines, complete all parts of this form except part 2 (part 5 is optional).

1 PARTICIPANT INFORMATION Print name of Adult enrolled in center.

Name Print (Last name, First name) _____

☐ Check if No Income

2 BENEFITS

Complete this section if the enrolled participant receives assistance under ☐ SNAP, ☐ FDPIR, ☐ SSI or ☐ Medicaid (check the applicable box).

Name: _____ Case Number _____

3 HOUSEHOLD MEMBERS & GROSS MONTHLY INCOME – if not monthly, see back for conversions

Column 1 (List only the participant(s), spouse and dependent children of participant(s)) (Last name, first name)	Column 2 MONTHLY INCOME (Total earnings & wages before deductions)	Column 3 MONTHLY CHILD SUPPORT, WELFARE, ALIMONY	Column 4 MONTHLY PENSIONS, SOCIAL SEC., RETIREMENT, SSI, VA	Column 5 OTHER MONTHLY INCOME -Including unemployment and workers comp.	Column 6 Check if No Income
1. _____	_____	_____	_____	_____	<input type="checkbox"/>
2. _____	_____	_____	_____	_____	<input type="checkbox"/>
3. _____	_____	_____	_____	_____	<input type="checkbox"/>
4. _____	_____	_____	_____	_____	<input type="checkbox"/>

4 SIGNATURE, DATE and Last four numbers of SOCIAL SECURITY NUMBER

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 in connection with the receipt of federal funds; that state officials may verify information; and that deliberate misrepresentation may subject me to prosecution under applicable state and federal statutes.

Signature of Applicant: Adult Household Member or Applicant's Guardian

Date Signed

Social Security Number
(See privacy statement on back)

☐ I do not have a Social Security Number.

X _____

Month/day/year

XXX-XX - ____

5 RACIAL OR ETHNIC GROUP (OPTIONAL)

Mark one ethnic identity:

- ☐ Hispanic or Latino
☐ Not Hispanic or Latino

Mark one or more racial identities:

- ☐ Asian
☐ American Indian & Alaskan Native
☐ Native Hawaiian or Other Pacific Islander

- ☐ Black or African American
☐ White, not of Hispanic origin
☐ Other

I prefer all written correspondence in ☐ Spanish ☐ Russian ☐ Other

SPONSOR USE ONLY - DO NOT WRITE BELOW THIS LINE

Total Income: _____ Number in household: _____

Eligibility : ☐ Free ☐ Reduced ☐ Above Scale

☐ Temporary From: _____ To: _____ (maximum 45 days)

Eligibility based on : ☐ SNAP/TANF ☐ FDPIR ☐ SSI ☐ Medicaid ☐ Household Income

Notes: _____

Determining Official's Signature : _____

Date _____

2nd Check (initial) _____

DETERMINING MONTHLY INCOME FOR EARNINGS & WAGES

Monthly income for all household members must be reported in Section 4 of this application. Income means any money regularly received from work, child support, alimony, pensions, retirements, social security or any other source. Exclude student/school loans. Money received from a business or farm owned by you should be reported as "net income". *Net Income is defined as the total income left after business and farm operating expenses are subtracted from gross receipts.*

Homeless, migrant and runaway youth are categorically eligible for free meals.

Household members who are not paid monthly should change earnings into monthly income by doing the following:

Household members who are paid every week: Multiply total earnings and wages for one pay period, before deductions, by 52. Then divide by 12. The resulting amount is the total monthly income.

Household members who are paid every 2 weeks: Multiply total earnings and wages for one pay period, before deductions, by 26. Then divide by 12. The resulting amount is the total monthly income.

Household members who are paid twice a month: Multiply total earnings and wages for one pay period, before deductions, by 24 then divide by 12. The resulting amount is the total monthly income.

Household members who are seasonal workers or work less than 12 months: Project annual rate of income to accurately represent actual circumstances then divide by 12. The resulting amount is the projected monthly income.

FEDERAL INCOME GUIDELINES

Participants may qualify at least for reduced price meals if your household income falls within the limits of this chart.

Household Size	Reduced Price Meals				
	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
-1-	20,147	1,679	840	775	388
-2-	27,214	2,268	1,134	1,047	524
-3-	34,281	2,857	1,429	1,319	660
-4-	41,348	3,446	1,723	1,591	796
-5-	48,415	4,035	2,018	1,863	932
-6-	55,482	4,624	2,312	2,134	1,067
-7-	62,549	5,213	2,607	2,406	1,203
-8-	69,616	5,802	2,901	2,678	1,339
For each additional family member add	7,067	589	295	272	136

PRIVACY STATEMENT - SOCIAL SECURITY NUMBERS and OTHER INFORMATION

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 the participant for free or reduced price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The Social Security Number is not required when you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for the participant or other (FDPIR) identifier 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 the participant is eligible for free or reduced price meals, and for administration and enforcement of the Program.

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 discrimination on the basis of race, color, national origin, sex, age, or disability." To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call, toll free (866) 632-9992 (Voice). Individual who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay at (800) 877-8339 or (866) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."