



Dear parent or guardian:

Your child is enrolled at the home of \_\_\_\_\_, a provider participating in the US Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP) through an agreement with our agency. Under this agreement, your provider receives reimbursement for meals served to your child while in care. The amount of reimbursement received by your provider depends on the income status of the children in care. Please provide the information requested on the enclosed Family Income Eligibility Application and return it to us as soon as possible. You have the option of returning it directly to your provider or to the provider's sponsor, Youth & Family Services. If you would like to provide your form directly to the sponsor, return the completed form to: Youth & Family Services, PO Box 2813, Rapid City, SD 57709.

**SNAP (formerly known as Food Stamps)/ Food Distribution Program on Indian Reservations (FDPIR) / Temporary Assistance for Needy Families (TANF) / National School Lunch Program (NSLP) / Low Income Families (LIF) / Medicaid (except for long term care) / Low Income Energy Assistance / Child Care Assistance (except for Advanced Special Need) / and/or Women, Infants And Children (WIC):** If your child currently receives SNAP/FDPIR benefits, TANF, or other on of the above categorically eligible programs, your child's meals are automatically eligible to be reimbursed to the provider at the higher Tier 1 reimbursement rate. Therefore, you only have to list your child's name and identification number for SNAP/ FDPIR benefits, TANF, and/or other categorically eligible program and sign the statement.

**Foster children:** A foster child who is the legal responsibility of a welfare agency or court may be certified as eligible for higher Tier 1 reimbursement regardless of household income. Fill out Part 1 of the application and have an adult member of the household sign the application.

**All other households:** If your household size/income is at or below the level shown on the enclosed scale, your provider is eligible for Tier 1 reimbursement for your children in care. The following information must be included on the form:

- **Household members:** List the name of the enrolled child(ren), parent(s) or guardian(s), brothers and sisters and any other persons who live in your household.
- **Current income:** List the amount of income each person earned last month (**before** deductions for taxes, social security, etc.), the frequency it was received, and where it is from, such as wages, retirement, or welfare. If any household member's income last month was higher or lower than usual, list that person's usual average monthly income.
- **Signature:** An adult household member must sign the statement.
- **Social Security Number:** List the last four digits of the social security number of the adult who signs the income eligibility statement. If that adult does not have a social security number, check the box.

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).

This institution is an equal opportunity provider.

Sincerely,

Youth & Family Services

Enclosure: Current Income Eligibility Guidelines  
Income Eligibility Statement Instructions  
Household Income Statement

## INCOME ELIGIBILITY GUIDELINES

These are the income scales used by the United States Department of Agriculture to determine eligibility for Tier 1 reimbursement in the Child and Adult Care Food Program. Incomes at or below this scale are eligible for Tier 1 reimbursement from July 1, 2017 through June 30, 2018.

### INCOME ELIGIBILITY GUIDELINES

Household Size	Annually	Monthly	Every 2 Weeks	Twice a month	Weekly
1	\$22,311	\$1,860	\$859	\$930	\$430
2	\$30,044	\$2,504	\$1,156	\$1,252	\$578
3	\$37,777	\$3,149	\$1,453	\$1,575	\$727
4	\$45,510	\$3,793	\$1,751	\$1,897	\$876
5	\$53,243	\$4,437	\$2,048	\$2,219	\$1,024
6	\$60,976	\$5,082	\$2,346	\$2,541	\$1,173
7	\$68,709	\$5,726	\$2,643	\$2,863	\$1,322
8	\$76,442	\$6,371	\$2,941	\$3,186	\$1,471
For each additional family member, add	\$7,733	\$645	\$298	\$323	\$149

## FAMILY INCOME STATEMENT INSTRUCTIONS

Please complete the Child and Adult Care Food Program Family Income Statement using the instructions below. Sign the statement and return it to the sponsor. Call the sponsor if you need help: 605.341.7231

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### **PART 1 - PARTICIPANT'S INFORMATION:** COMPLETE THIS PART.

(1) Print the name(s) of your own child(ren) enrolled in the day care home. Mark the box if the child is a foster child in your care.

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**PART 2A - HOUSEHOLDS GETTING OTHER PROGRAM BENEFITS )**SNAP (formerly known as Food Stamps)/ Food Distribution Program on Indian Reservations (FDPIR) / Temporary Assistance for Needy Families (TANF) / National School Lunch Program (NSLP) / Low Income Families (LIF) / Medicaid (except for long term care) / Low Income Energy Assistance / Child Care Assistance, Child Care for Children with Special Needs, Transitional Child Care, Families working or going to school program, and/or Women, Infants And Children (WIC)) **COMPLETE THIS PART AND PART 3.**

(1) List current SNAP case number or TANF or FDPIR or other categorically eligible program identification number. Do not complete Part 2B.

(2) An adult household member must **sign** the statement in PART 3.

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### **PART 2B - ALL OTHER HOUSEHOLDS:** COMPLETE THIS PART AND PART 3.

(1) Write the names of everyone in your household.

(2) Write the amount of income (the amount before taxes or anything else is taken out), the frequency of income (i.e., weekly, every two weeks, twice a month, or monthly) received last month for each household member, and where it came from, such as earnings, welfare, pensions, and other income (refer to examples below for types of income to report). If any amount last month was more or less than usual, write that person's usual income.

(3) An adult household member must sign this income eligibility statement and give the last four digits of his/her social security number in part 3.

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### **PART 3 - SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: ALL HOUSEHOLDS COMPLETE THIS PART.**

(1) All income eligibility statements must have the **signature** of an adult household member.

(2) The adult household member who signs the statement must include the last four digits of his/her **social security number**. If he/she does not have a social security number, mark the box to indicate that he/she does not have a social security number. If you listed a SNAP, TANF, FDPIR, or other categorically eligible program number, the last four digits of a social security number is not needed.

#### **INCOME TO REPORT**

##### Earnings from Employment

Wages/salaries/tips  
Strike benefits  
Unemployment compensation  
Worker's compensation  
Net income from self-owned  
business or farm

##### Pensions/Retirement/Social Security

Pensions  
Supplemental security income  
Retirement income  
Veteran's payments  
Social security

##### Other Income

Disability benefits  
Cash withdrawn from savings  
Interest/dividends  
Income from estates/trusts/  
investments  
Regular contributions from  
persons not living in the  
household  
Net royalties/annuities/  
net rental income  
Any other income

##### Welfare/Child Support/Alimony

Public assistance payments  
Welfare payments  
Alimony/child support payments

##### Military Households

All cash income, including military  
uniform allowances. Does  
not include "in-kind" benefits NOT  
paid in cash (base housing, clothing,  
food, medical care, etc.).

#### **ATTACHMENT H4**

\_\_\_ Initial here if you consent to allowing your provider to collect your form and provide it to the Sponsor. **Your provider will not review your form.**

**FAMILY INCOME STATEMENT**  
**Child and Adult Care Food Program**

**PART 1**

Name(s) of child(ren) in care: \_\_\_\_\_ Day Care Provider: \_\_\_\_\_  
 Check Box if \_\_\_\_\_ Check Box if \_\_\_\_\_  
 Foster Child \_\_\_\_\_ Foster Child \_\_\_\_\_  
 1. \_\_\_\_\_  3. \_\_\_\_\_   
 2. \_\_\_\_\_  4. \_\_\_\_\_

**PART 2A – Households now getting SNAP, FDPIR, TANF, or other eligible programs identified in the instructions: Complete this part and sign the statement in Part 3 – Do not complete Part 2B.**

SNAP case number: \_\_\_\_\_ TANF identification number: \_\_\_\_\_  
 FDPIR identification number: \_\_\_\_\_ Other eligible program name and number: \_\_\_\_\_

**PART 2B - ALL OTHER HOUSEHOLDS: If you did not complete Part 2A, complete this Part and Part 3.**

MONTHLY INCOME					
Names of all Household Members	Monthly Earnings From Work (Before Deductions) Job 1	Monthly Welfare, Child Support, Alimony	Monthly Payments from Pension, Retirement, Social Security	Monthly Earnings from Job 2 or any Other Income	Check if no income
_____	\$ _____	\$ _____	\$ _____	\$ _____	<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 3 - SIGNATURE: An adult household member must sign the statement before it can be approved.**

**PENALTIES FOR MISREPRESENTATION:** I certify that all of the above information is true and correct and that the SNAP, FDPIR, or TANF number is correct or that all income is reported. I understand that this information is being given for the receipt of Federal funds; that institution officials may verify the information on the statement and the deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

Signature of adult: \_\_\_\_\_ Last 4 digits of Social Security Number: \_\_\_\_\_  
 I do not have a Social Security Number

Printed name of adult: \_\_\_\_\_ Date signed: \_\_\_\_\_

Home telephone \_\_\_\_\_ Work telephone \_\_\_\_\_ Home address \_\_\_\_\_ Zip code \_\_\_\_\_

Section 9 of the National School Lunch Act requires that, unless the participant's SNAP, FDPIR, TANF or other categorically eligible program number is provided, the last four digits of the social security number of the household member signing the statement must be provided or an indication that the household member signing the statement does not possess a social security number. Provision of this information is not mandatory, but if the last four digits of the social security number is not provided or an indication is not made that the adult household member signing the statement does not have one, the statement cannot be approved. The last four digits of the social security number are not required when applying on behalf of a foster child. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the statement. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a SNAP, FDPIR, or TANF office to determine current certification for receipt of SNAP (formerly known as Food Stamps), FDPIR, or TANF benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported.

**For Sponsor Use Only:**

SNAP/FDPIR/TANF, or other household categorically eligible for program benefits: [ ] Yes [ ] No  
 MONTHLY INCOME CONVERSION: WEEKLY X 52, EVERY 2 WEEKS X 26, TWICE A MONTH X 24, MONTHLY X 12  
 Total family income: \_\_\_\_\_ Family size: \_\_\_\_\_  
 Eligible: \_\_\_\_\_ NOT Eligible: \_\_\_\_\_  
 Determining official: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_