DEPARTMENT OF EDUCATION

Child and Adult Care Food Program – Child Care Centers Household Income Statement – July 2025

1 List all infants, children and students through grade 12 in the household, even if they are not related. If more space is needed, attach another sheet.

Child's First Name	Middle Initial (MI)	Child's Last Name	Birthdate	If yes, fill in one or more circles for each child. **Ethnicity and Race are Optional**								
						Ethnicity	**Race – One or more may be selected**					
				Enrolled at this center?	**Child in Foster Care?**	**Hispanic / Latino?**	**American Indian or Alaskan Native?**	**Asian?**	**Black or African American?**	**Native Hawaiian or other Pacific Islander?**	**White?**
				☐	☐	☐	☐	☐	☐	☐	☐
				☐	☐	☐	☐	☐	☐	☐	☐
				☐	☐	☐	☐	☐	☐	☐	☐
				☐	☐	☐	☐	☐	☐	☐	☐

2 Do any household members **currently** participate in SNAP, MFIP or FDPIR? **If yes, check which program and write the corresponding case number below: Go on to number 4**. **If no**, go to number 3. **Note: Child Care Assistance, Medical Assistance, WIC benefits, and PMI numbers do not qualify** under this section 2.

☐ **SNAP** Case number_____ ☐ **MFIP** Case number_____ ☐ **FDPIR** Case number_____

3 Report income for all household members. Skip this step if you answered yes to number 2 or if all participants are children in foster care.

A. Child Income. Include the total income a child earns or receives. Child Income: _____ ☐ Weekly ☐ Every two weeks ☐ Twice per Month ☐ Monthly

B. Adult Income. Include yourself and record total income below. List all adult household members even if they don't receive income.

Adults – Full Name List the full name of each household member who is living with you and shares income and expenses. Enter all income(s) in whole dollars. If zero income write 0. Include any college students temporarily away.	**Gross Pay from Work** Do not write in an hourly wage						**Farm or Self-Employment**	**Public Assistance, Child Support, Alimony**					**All Other Incomes**				
	Gross pay before taxes (not take-home pay)	Weekly	Every two weeks	Twice per month	Monthly	Annual	Net Income after business expenses. State if annual or monthly.	Payments received	Weekly	Every two weeks	Twice per month	Monthly	Pension, retirement, disability, unemployment, Veterans benefits, etc.	Weekly	Every two weeks	Twice per month	Monthly
	$	☐	☐	☐	☐	☐	$	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	$	☐	☐	☐	☐	☐	$	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	$	☐	☐	☐	☐	☐	$	$	☐	☐	☐	☐	$	☐	☐	☐	☐

C. Last four digits of signer's Social Security Number (SSN) or no SSN (required): X X X–X X–☐☐☐☐ or ☐ I don't have an SSN.

4 I certify (promise) that all information on this application is true and correct and all household members and incomes are reported. I understand that this information is given in connection with receipt of federal funds and that officials may verify (check) the information. I understand that if I purposely give false information, I may be prosecuted under applicable federal and state laws.

Signature of adult household member (required): _____ Printed Name: _____Date: _____

Sponsor Use Only—Do Not Write Below

Approved: ☐A ☐B ☐C Reason: _____ Total Household Members: _____ Total Income: $_____ per _____

Effective Dates: From _____ through _____ Sponsor Signature _____ Date _____

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Farmer or Self-Employed

Income is your *net* income (after deducting business expenses) from farm or self-employment during the year, which is shown on Schedule C or F from the federal tax return. A loss from farm or self-employment must be listed as zero income and does not reduce other household income for the purpose of completing this form.

Seasonal Worker

Income is your expected *average gross income* before deductions (*not* take-home pay) from seasonal work during the year. List your *average gross income* from seasonal work per month or other frequency.

Privacy Act Statement / How Information Is Used

The Richard B. Russell National School Lunch Act requires the information on this form. You do not have to give this information but if you do not, we cannot approve your child for free or reduced-price school meals. You must include the last four digits of the Social Security number of the adult household member who signs the application. The last four digits of the Social Security number are not required when you apply on behalf of a child in foster care, or you provide a Minnesota Family Investment Program (MFIP), Supplemental Nutrition Assistance Program (SNAP) or Food Distribution Program on Indian Reservation (FDPIR) assistance number, or you indicate that the adult household member signing the application does not have a Social Security number.

Only authorized officials will have access to the information you provide on this form. We will use your information to determine if your child qualifies for free or reduced-price meals, and for administration and enforcement of the program. We may share your information with other 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. We require written consent from you before sharing information for other purposes.

While listing your children's race and ethnicity is voluntary, CACFP uses the percentages of participants in each racial and ethnic category to make sure CACFP is operated in a nondiscriminatory manner and in compliance with federal and civil rights laws. The information is not required and will not affect approval of benefits.

Nondiscrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and teletypewriter [TTY]) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, from any USDA office, by calling (866) 632-9992 or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or 2. **fax:** (833) 256-1665 or (202) 690-7442; or 3. **Email:** program.intake@usda.gov

This institution is an equal opportunity provider.

Office Use Only: Verification (Pricing Program Only)

Date Verification Sent: _____ Response Due: _____ Second Notice: _____ Result: ○ No Change ○ A to B ○ A to C ○ B to A ○ B to C

Reason for change: ○ Income ○ Case number not verified ○ Foster status not verified ○ Refused cooperation ○ Other: _____

Signature of verifying official: _____ Date: _____