



May 27, 2011

Dear Parent/Guardian:

Young children need healthy meals to learn. This letter is intended for parents or guardians of children enrolled at a family day care home. Your child care provider offers healthy meals to all enrolled children as part of our participation in the U.S. Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP). The CACFP provides reimbursements for healthy meals and snacks served to children enrolled in child care. Please help us comply with the requirements of the CACFP by completing the attached Confidential Income Statement (CIS).

### Common questions and answers:

**1. Do I need to fill out a Confidential Income Statement for each of my children in day care?** You are not required to complete the Confidential Income Statement, but providing the information will assist your provider financially, but potentially increasing their reimbursement from USDA for nutritious food. Please complete and submit one Confidential Income Statement (CIS) for all children in your household only if they are enrolled in the same day care home. We cannot approve a form that is not complete, so be sure to read the instructions carefully and fill out all required information. You have the option of returning the completed form to your provider to forward to us or mail directly to:

**AEYC-SEA, Child Care Food Program  
3100 Channel Dr. suite 215  
Juneau, AK 99801**

**2. May I fill out a form if someone in my household is not a U.S. citizen?** Yes. You or your children do not have to be U.S. citizens to qualify for meal benefits offered at the day care home.

**3. Who should I include as members of my household?** You must include all people in your household (such as yourself, your children, grandparents, other relatives, or friends who live with you and are a part of your economic unit).

**4. How do I report income information and changes in employment status?** The income you report must be the total gross income listed by source for each household member received last month. If last month's income does not accurately reflect your circumstances, you may provide a projection of your monthly income. If no significant change has occurred, you may use last month's income as a basis to make this projection. If your household's income is equal to or less than the amounts indicated for your household's size on the attached Income Chart, the family day care home will receive a higher level of reimbursement. Once properly approved for free or reduced price benefits, whether through income or proof of benefits as supported by a current Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamp), Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) case number, you will remain eligible for those benefits for a period not to exceed 12 months. You should, however, notify us if you or someone in your household becomes



unemployed and the loss of income during the period of unemployment causes your household income to be within the eligibility standards.

**5. What if my income is not always the same?** List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you only get it sometimes.

**6. What if I have foster children?** Check the box on the form noted the child is a foster child. They are categorically eligible for a higher meal reimbursement rate for your provider. If you have documentation from the agency approving the foster placement then please include with the form.

**7. We are in the military, do we include our housing and supplemental allowances as income?** If your housing is part of the Military Housing Privatization Initiative and you receive the Family Subsistence Supplemental Allowance, do not include these allowances as income. Also, in regard to deployed service members, only that portion of a deployed service member's income made available by them or on their behalf to the household will be counted as income to the household. All other allowances must be included in your gross income.

In the operation of child feeding programs, no person will be discriminated against because of race, color, national origin, sex, age or disability.

If you have other questions or need help, please call 907-789-1767 or toll free at 888-785-1235 extension 107.

Sincerely,

Amber King  
AEYC-SEA Child Care Food Program Manager

aking@aecy-sea.org



**Alaska Child and Adult Care Food Program  
Family Day Care Home Program**

**Alaska Income Eligibility Guidelines for TIER I Reimbursement**

**Effective July 1, 2011- June 30, 2012**

Household Size	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1	25,160	2,097	1,049	968	484
2	34,003	2,834	1,417	1,308	654
3	42,846	3,571	1,786	1,648	824
4	51,689	4,308	2,154	1,989	995
5	60,532	5,045	2,523	2,329	1,165
6	69,375	5,782	2,891	2,669	1,335
7	78,218	6,519	3,260	3,009	1,505
8	87,061	7,256	3,628	3,349	1,675
<b>For each additional family member add:</b>					
	8,843	737	369	341	171

**Definitions:**

**Family:** A household or family is defined as a group of related or unrelated individuals who are living as one economic unit.

**Income:** Income is the money received by any member of the household before such deductions as taxes and Social Security. It includes the following: salary or wages; earnings from self-employment, including fishing and farming; welfare and unemployment; child support and alimony; strike benefits; Social Security, pensions, retirement and disability payments; Permanent Fund Dividends (PFDs), and other cash income received or withdrawn from any source which would be available for payment of a participant’s meal. Supplemental Nutrition Assistance program (SNAP)/Food Stamp benefits are not included.

Current income is determined by the income received by all members of the household during the month prior to application. But if this income was much higher or lower than usual, the expected income for this year (12 months starting from the month prior to application) should be used. For example, self-employed people such as fishermen and farmers should use yearly income.

**INCOME TO REPORT**

**Earnings from Work**

- Wages/salaries/tips
- Strike Benefits
- Unemployment Compensation
- Net income from self-owned business
- All other cash compensation

**Child Support/Alimony/Unemployment/Welfare/**

- Child support payments/ Alimony
- Worker’s compensation
- Public assistance payments
- Other Welfare Payments

**Pensions/Retirement/Social Security**

- Pensions
- Supplemental Security Income
- Retirement income
- Veteran’s payments
- Social Security

**Military Households**

All cash income, including military housing/uniform allowances. Does not include “in-kind” benefits not paid in cash (base housing, housing under military privatization, clothing, food, medical care, etc.).

**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
- Net other income
- Permanent Fund Dividends (Provider checks box on Confidential Income Statement (CIS) & the appropriate year PFD amount is added to provider or family income by sponsoring organization on 2<sup>nd</sup> page of CIS.



## Instructions for Completing the 2011-2012 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 all members in the household, center/provider name, age, and check appropriate boxes
- Part 2:** List the case number for any household member (including adults) receiving [State SNAP] or [State TANF] or [FDPIR] benefits.
- Part 3:** Skip this part.
- Part 4:** Skip this part.
- Part 5:** Sign the form. The last four digits of a Social Security Number are **not** necessary. Families with children in family day care homes (FDCH) can check the box if they are returning their form to the FDCH provider.
- Part 6:** Answer this question if you choose.

If any child in household is enrolled in any Head Start program or Receives Free or Reduced Price Meals At School, and If no one in your household gets (food stamps/state SNAP) or (state TANF) benefits follow these instructions: (NOT applicable to Family Day Care Home Providers)

- Part 1:** List all members in the household, center/provider name, age, and check appropriate boxes for foster child and PFD's
- Part 2:** Skip this part.
- Part 3:** Check the appropriate box. Provide letter from the Head Start agency that documents you child is enrolled, (Only the enrolled child qualifies under this category), or notification letter from school, which clearly states if they are FREE or if they are REDUCED (this applies to all children in household).
- Part 4:** Skip this part.
- Part 5:** Sign the form. The last four digits of a Social Security Number are **not** necessary. Families with children in family day care homes (FDCH) can check the box if they are returning their form to the FDCH provider.
- Part 6:** Answer this question if you choose.

**If you are applying for a foster child, follow these instructions:**

**If all members in the household are foster children:**

- Part 1:** List all foster children, center/provider name, age, and check appropriate boxes for foster child and PFD's
- Part 2:** Skip this part.
- Part 3:** Skip this part
- Part 4:** Skip this part.
- Part 5:** Sign the form. The last four digits of a Social Security Number are **not** necessary. Families with children in family day care homes (FDCH) can check the box if they are returning their form to the FDCH provider.
- Part 6:** Answer this question if you choose.

**If some of the children in the household are foster children, follow these instructions:**

- Part 1:** List all members in the household, center/provider name, age, and check appropriate boxes for foster child and PFD's
- Part 2:** If the household does not have a case number, skip this part.
- Part 3:** If there are no children who are Head Start or get free or reduced meals at school, skip this part.

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

- **Box 1–Name:** List all household members with income.

**Box 2 –Gross income last month and how often (sequence) it was received:** For each household member, list each type of income received last month. You must tell us how often the money is 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. (This is not an allowable exclusion for households living off-base in the general commercial/private real estate market).

**Part 5:** Adult household member must sign the form and list the **last four digits** of a Social Security Number (or mark the box if s/he doesn’t have one). Families with children in family day care homes (FDCH) can check the box if they are returning their form to the FDCH provider.

**Part 6:** Answer this question if you choose.

<b>ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:</b>
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**Part 1:** List all members in the household, center/provider name, age, and check appropriate boxes

**Part 2:** Skip this part.

**Part 3:** Skip this part.

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

- **Box 1–Name:** List all household members with income.

- **Box 2 –Gross income last month and how often (sequence) it was received** For each household member, list each type of income received last month. You must tell us how often the money is 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. (This is not an allowable exclusion for households living off-base in the general commercial/private real estate market).

**Part 5:** Adult household member must sign the form and list the **last four digits** of a Social Security Number (or mark the box if s/he doesn’t have one). Families with children in family day care homes (FDCH) can check the box if they are returning their form to the FDCH provider.

**Part 6:** Answer this question if you choose.



## 2011-2012 Confidential Income Statement (CIS)

### PART 1. All Household members

\*If ALL children listed below are foster children, complete Part 1, then skip to Part 5 to sign this form.

Names of ALL household members (First, Middle Initial, Last)	Center or Provider Name for Each Child	Birthdate of children (month/day/yr)	Foster Child	Check if approved for PFD issued in 10/2010	Check if approved for PFD issued in 10/2011
				<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 2. Benefits

If any member of your household receives [State SNAP], [FDPIR] or [State TANF], provide the name and case number for the person who receives benefits and skip to Part 5. **If NO ONE receives these benefits, skip to Part 3.**

Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

**PART 3.** If any child is enrolled in Early Head Start, Head Start, or receives free or reduced meals at school check the appropriate box. **[Document by including letter from EHS/HS/or School]**

Early Head Start       Head Start       Free Meals at School       Reduced Meals at School

### PART 4. Total Household Gross Income. *You must tell us how much and how often.*

Name (List ALL Adults and children in the household with income.)	Gross income how often it was received <small>A=Annual; W=Weekly; E2=Every 2 Weeks; T=Twice A Month or M=Monthly</small>			
	Earnings from Work before deductions	Welfare, Child support, Alimony	Pensions, Retirement, Social Security	All Other Income
<i>EXAMPLE - Jane Smith</i>	<i>\$199.99/ Weekly</i>	<i>\$149.99/ Every 2 weeks</i>	<i>\$99.99 / Monthly</i>	<i>\$2,500/ Annual</i>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____

### PART 5. Signature and Last four digits of SSN (An adult household member must sign the application.)

If Part 4 is completed, the adult signing the form also must list the last four digits of their Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

*I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school 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: \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  Families w/children in family day care homes:

Last four digits of Social Security Number: \* \* \* \* - \_\_\_\_\_  I allow my FDCH provider to collect this form  I do not have a Social Security Number

### PART 6. Children's Ethnic and Racial Identities (Optional)

<p><i>Choose one ethnicity:</i></p> <p><input type="checkbox"/> Hispanic/Latino</p> <p><input type="checkbox"/> Not Hispanic/Latino</p>	<p><i>Choose one or more (regardless of ethnicity):</i></p> <p><input type="checkbox"/> Asian      <input type="checkbox"/> American Indian or Alaska Native      <input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> White      <input type="checkbox"/> Native Hawaiian or other Pacific Islander</p>
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### Privacy Act Statement:

The Richard B. Russell National School Lunch Act requires the information on this Confidential Income Statement. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced meals which would affect the reimbursement to the provider or center.