



**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
For each additional family member add:					
	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pensions, retirement and disability payments; Permanent Fund Dividends (PFDs), and other cash income received or withdrawn from any source which would be available for payment of a participant’s meal.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- Cash withdrawn from savings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 2nd 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.

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

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 A=Annual; W=Weekly; E2=Every 2 Weeks; T=Twice A Month or M=Monthly			
	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)

Choose one ethnicity:

- Hispanic/Latino
 Not Hispanic/Latino

Choose one or more (regardless of ethnicity):

- Asian American Indian or Alaska Native Black or African American
 White Native Hawaiian or other Pacific Islander

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.

EXPENSES List by categories given, using only the items that pertain to your child care business.

USE **EXACT** AMOUNTS, **NOT** ROUNDED FIGURES.

Liability insurance (insurance that covers doing daycare in your home) \$ _____

Business License \$200.00 divided by valid months _____

Month and year your business license was bought: _____

Mileage (child care only) _____ x \$0.49 \$ _____
 (On your submitted mileage log you **must** have documented where to and # of miles to get to and from)

Assistant/Substitute Care \$ _____

Continuing Education (must be for improving your daycare business) \$ _____

Advertising \$ _____

Other (Please specify): _____ \$ _____

_____ \$ _____

PRORATED EXPENSES MUST BE MULTIPLIED BY THE FOLLOWING TIME/SPACE FORMULA TO GET YOUR PERCENTAGE FOR THE VERIFYING MONTH. YOU MUST SUBMIT ATTENDANCE RECORDS FOR THE ENTIRE MONTH OR WE WILL NOT ACCEPT RENT/MORTGAGE AND UTILITIES EXPENSES.

$$\frac{\text{\# hours providing child care/day}}{24 \text{ hours/day}} \times \frac{\text{\# days providing child care/month}}{\text{\# days in verification month}} \times \frac{\text{business sq. footage of home}}{\text{total sq. footage of home}} = \text{\%}$$

Calculate your prorated percentage below:

$$\frac{(\quad)}{(\quad)} \times \frac{(\quad)}{(\quad)} \times \frac{(\quad)}{(\quad)} = (\quad) \%$$

If you do not understand the above formula, please feel free to call our office for more information and guidance.

	actual	prorated
Mortgage/Rent	_____	_____
Utilities:		
Electric	_____	_____
Gas	_____	_____
Water	_____	_____
Refuse	_____	_____
Cable	_____	_____
Regular telephone	_____	_____
Cellular phone	_____	_____

TOTAL THIS PAGE \$ _____

EXPENSES List by categories given, using only the items that pertain to your child care business.

USE **EXACT** AMOUNTS, **NOT** ROUNDED FIGURES.

Liability insurance (insurance that covers doing daycare in your home) \$ _____

Business License \$200.00 divided by valid months _____

Month and year your business license was bought: _____

Mileage (child care only) _____ x \$0.49 \$ _____
 (On your submitted mileage log you **must** have documented where to and # of miles to get to and from)

Assistant/Substitute Care \$ _____

Continuing Education (must be for improving your daycare business) \$ _____

Advertising \$ _____

Other (Please specify): _____ \$ _____

_____ \$ _____

PRORATED EXPENSES MUST BE MULTIPLIED BY THE FOLLOWING TIME/SPACE FORMULA TO GET YOUR PERCENTAGE FOR THE VERIFYING MONTH. YOU MUST SUBMIT ATTENDANCE RECORDS FOR THE ENTIRE MONTH OR WE WILL NOT ACCEPT RENT/MORTGAGE AND UTILITIES EXPENSES.

$$\frac{\text{\# hours providing child care/day}}{24 \text{ hours/day}} \times \frac{\text{\# days providing child care/month}}{\text{\# days in verification month}} \times \frac{\text{business sq. footage of home}}{\text{total sq. footage of home}} = \text{\%}$$

Calculate your prorated percentage below:

$$\frac{(\quad)}{(\quad)} \times \frac{(\quad)}{(\quad)} \times \frac{(\quad)}{(\quad)} = (\quad) \%$$

If you do not understand the above formula, please feel free to call our office for more information and guidance.

	actual	prorated
Mortgage/Rent	_____	_____
Utilities:		
Electric	_____	_____
Gas	_____	_____
Water	_____	_____
Refuse	_____	_____
Cable	_____	_____
Regular telephone	_____	_____
Cellular phone	_____	_____

TOTAL THIS PAGE \$ _____

All documentation for every number that is given on this income expense detail form must be attached or it cannot be counted!

INCOME All income received in the month of **June** or current month: _____ (**circle one**).

Please list the children that the income is for. If the child is on assistance please list the dollar amount that the state pays and the amount that the parent pays. *If you did not receive payment for care or if the charge is significantly less than for other children, an explanation signed by the parent must also be included.*

	<u>Name of child(ren)</u>	<u>state pays</u>	<u>parent pays</u>	<u>Total income</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____
Sub-total from above				\$ _____

If you received any training or travel reimbursement funds please add total here \$ _____

If you receive the child care grant (licensed providers only) please add total here \$ _____

If you are a licensed provider and do not receive the childcare grant please explain why _____

TOTAL INCOME Add the income from the children, USDA, and child care grant. \$ _____

TOTAL EXPENSES Deduct the total expenses from the next page \$ _____
 (If you have been a provider for over 1 year and submitted your taxes you do not have to Record expenses I will get them from your taxes)

ADJUSTED GROSS MONTHLY CHILD CARE INCOME \$ _____

AEYC-SEA
Child Care Food Program
Tier I Child Care Home Income Certification

To qualify for tier I status for your child care home using your Federal Income Taxes you must certify that your entire household monthly income has not changed by more than \$50.00 per month since your tax year ended.

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's Name _____
(Please print)

Tax Year Used to Calculate household income: _____ **additional W2's submitted** _____

Names of household members and dates of birth:

_____ (Please print)	_____ (Please print)
_____ (Please print)	_____ (Please print)
_____ (Please print)	_____ (Please print)

Family size of _____ used to calculate Tier I Alaska Family Income Eligibility for Tier I Reimbursement July 1, 2011 to June 30, 2012

I understand that the Alaska Department of Education and Early Development, the United States Department of Agriculture, and other State and Federal officials have the right to make announced or unannounced reviews of the CACFP operations at each participating family day care home and to have access to its meals service records during the home's normal hours of child care operations.

I CERTIFY that all of the information is true and correct to the best of my knowledge, and that I will comply with the rights and responsibilities outlined in this Document. I understand that this information is being given in connection with the receipt of Federal funds; that Department officials may, for cause, verify information; and that deliberate misrepresentation may subject me to prosecution under applicable State and Federal criminal statutes.

Each eligible parent must complete and sign this form and provide it to their family daycare home provider. A family daycare home provider must provide their Sponsor Organization with this parent certification statement which verifies a family's size.

Providers Business Name (print)

Provider Signature

Date

Provider's Mailing Address

TO BE COMPLETED BY SPONSORING ORGANIZATION	
Complete Tiering Packet Submitted _____	Date _____
Notification of Determination Sent Date: _____	
_____ (Signature of AEYC-SEA Representative)	_____ (Date)

Please number your receipts and mark the category. The total of your food, supplies and personal should equal to the total of the receipt. (Print additional pages if necessary)

<u>Receipt #</u>	<u>name of store</u>	<u>Food costs (F)</u>	<u>supplies cost (S)</u>	<u>personal cost (P)</u>	<u>total of receipt</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____
11.	_____	_____	_____	_____	_____
12.	_____	_____	_____	_____	_____
13.	_____	_____	_____	_____	_____
14.	_____	_____	_____	_____	_____
15.	_____	_____	_____	_____	_____
16.	_____	_____	_____	_____	_____
17.	_____	_____	_____	_____	_____
18.	_____	_____	_____	_____	_____
19.	_____	_____	_____	_____	_____
20.	_____	_____	_____	_____	_____
21.	_____	_____	_____	_____	_____
22.	_____	_____	_____	_____	_____
23.	_____	_____	_____	_____	_____
24.	_____	_____	_____	_____	_____
25.	_____	_____	_____	_____	_____
26.	_____	_____	_____	_____	_____
27.	_____	_____	_____	_____	_____
28.	_____	_____	_____	_____	_____
TOTALS	_____	_____	_____	_____	_____
THIS PAGE	_____	_____	_____	_____	_____

Please number your receipts and mark the category. The total of your food, supplies and personal should equal to the total of the receipt. (Print additional pages if necessary)

<u>Receipt #</u>	<u>name of store</u>	<u>Food costs (F)</u>	<u>supplies cost (S)</u>	<u>personal cost (P)</u>	<u>total of receipt</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____
11.	_____	_____	_____	_____	_____
12.	_____	_____	_____	_____	_____
13.	_____	_____	_____	_____	_____
14.	_____	_____	_____	_____	_____
15.	_____	_____	_____	_____	_____
16.	_____	_____	_____	_____	_____
17.	_____	_____	_____	_____	_____
18.	_____	_____	_____	_____	_____
19.	_____	_____	_____	_____	_____
20.	_____	_____	_____	_____	_____
21.	_____	_____	_____	_____	_____
22.	_____	_____	_____	_____	_____
23.	_____	_____	_____	_____	_____
24.	_____	_____	_____	_____	_____
25.	_____	_____	_____	_____	_____
26.	_____	_____	_____	_____	_____
27.	_____	_____	_____	_____	_____
28.	_____	_____	_____	_____	_____
TOTALS	_____	_____	_____	_____	_____
THIS PAGE	_____	_____	_____	_____	_____

Please number your receipts and mark the category. The total of your food, supplies and personal should equal to the total of the receipt. (Print additional pages if necessary)

<u>Receipt #</u>	<u>name of store</u>	<u>Food costs (F)</u>	<u>supplies cost (S)</u>	<u>personal cost (P)</u>	<u>total of receipt</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____
11.	_____	_____	_____	_____	_____
12.	_____	_____	_____	_____	_____
13.	_____	_____	_____	_____	_____
14.	_____	_____	_____	_____	_____
15.	_____	_____	_____	_____	_____
16.	_____	_____	_____	_____	_____
17.	_____	_____	_____	_____	_____
18.	_____	_____	_____	_____	_____
19.	_____	_____	_____	_____	_____
20.	_____	_____	_____	_____	_____
21.	_____	_____	_____	_____	_____
22.	_____	_____	_____	_____	_____
23.	_____	_____	_____	_____	_____
24.	_____	_____	_____	_____	_____
25.	_____	_____	_____	_____	_____
26.	_____	_____	_____	_____	_____
27.	_____	_____	_____	_____	_____
28.	_____	_____	_____	_____	_____
TOTALS	_____	_____	_____	_____	_____
THIS PAGE	_____	_____	_____	_____	_____