

**PROVIDER INCOME ELIGIBILITY STATEMENT
CHILD AND ADULT CARE FOOD PROGRAM**

PART I

Provider's Name:

Last

First

M.I.

PART 2A - HOUSEHOLDS NOW RECEIVING FOOD STAMPS OR ATAP BENEFITS:

Complete this part and sign the statement in Part 3. Do not complete Part B.

Food Stamp Case Number: _____ **ATAP/TANF Identification Number:** _____

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

List all household members and monthly income for each person who received it. List each amount under the correct column. Continue on the back if necessary.

Names of All Household Members	Earnings from Work (Before Deductions) include all jobs	Child Support, Alimony, Unemployment, Welfare	Pension, Retirement, Social Security Payments	Net Income for Provider's Day Care or Self Employment	All other Income
1.	\$	\$	\$	\$	\$
2.	\$	\$	\$	\$	\$
3.	\$	\$	\$	\$	\$
4.	\$	\$	\$	\$	\$
5.	\$	\$	\$	\$	\$

Alaska Permanent Fund Dividend: How many of the adults and children listed above received the latest Permanent Fund dividend? _____

PFD \$ _____

Include everyone who was approved for PFD, even if part or all of

the check was garnished by a government agency. **The application will be considered incomplete if this information is missing.**

TOTAL MONTHLY INCOME \$ _____

PART 3 - SIGNATURE AND 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 for the receipt of federal funds; that the sponsor may verify the information on the application; and that the deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

Signature of Provider

Social Security number

Printed Name of Provider

Date Signed

Privacy Act Statement: Section 9 of the National School Lunch Act requires that, unless your child's Food Stamp or ATAP case number is provide, you must include the Social Security number of the adult household member signing the application or indicate that the household members does not have a Social Security number. Provision of a Social Security number is not mandatory, but if Social Security number is not given or an indication is not made that the signer does not have such a number, the application cannot be approved. 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 application. These verification efforts may be carried out through program reviews, audits and investigations and may include contracting employers to determine income, contacting a food stamp or welfare office to determine current certification for receipt of food stamps or ATAP benefits, contacting the state employment security office to determine the amount of benefits received and checking the documentation produced by household members 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.

PART 4 - Racial / Ethnic Identity: You are not required to answer this question.

____ White, not of Hispanic Origin ____ Black, not of Hispanic Origin ____ Hispanic ____ Asian/Pacific Islander ____ American Indian / Alaska Native

PART 2B - continued

Names of All Household Members	Earnings from Work (Before Deductions) include all jobs	Child Support, Alimony, Unemployment, Welfare	Pension, Retirement, Social Security Payments	Net Income for Provider's Day Care or Self Employment	All other Income
6.	\$	\$	\$	\$	\$
7.	\$	\$	\$	\$	\$
8.	\$	\$	\$	\$	\$
9.	\$	\$	\$	\$	\$
10.	\$	\$	\$	\$	\$

INCOME TO REPORT

Earnings from Employment

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, clothing, food, medical care, etc.).

Other Income

Alaska PFD for each family member
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

Family Guidelines effective July 1, 2006 through June 30, 2007

FAMILY SIZE	YEARLY \$	MONTHLY \$	WEEKLY \$
1	22,663	1,889	436
2	30,525	2,544	588
3	38,388	3,199	739
4	46,250	3,855	890
5	54,113	4,510	1,041
6	61,975	5,165	1,192
7	69,838	5,820	1,344
8	77,700	6,475	1,495

For each additional family member add:

+\$7,863	+\$656	+\$152
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MONTHLY INCOME DETERMINATION

<p>Monthly Income Determination: To determine monthly income, multiply:</p> <ul style="list-style-type: none"> ◆ weekly income by 4.33 ◆ bi-weekly income by 2.15 ◆ semi-monthly income (2 times per month) by 2 	<p>Permanent Fund Dividend Income Determination: 2005 – the number in household x \$845.76÷ 12 (or \$70.48 per person/mo.) Prior to receipt of 2006 PFD, count 2005 PFD as part of current household income.</p>
<p>Total Household Size: _____ Monthly Income _____ Food Stamp _____ ATAP _____</p>	
<p>Eligibility determination: Approved Tier I _____ Approved Own _____ Denied _____ Tier I Effective Dates _____ until _____</p>	
<p>Reason for denial: Income too high _____ Incomplete documentation _____</p>	
<p>Other: _____</p>	
<p>Signature of sponsor: _____ Date: _____</p>	