

MSUM Early Education Center

Dear Parent/Guardian:

We provide nutritious meals every day to children at our center.

The Child and Adult Care Food Program (CACFP) provides assistance for our meal services. The amount of CACFP reimbursement our center receives depends on the incomes of households with children in care at our center. **To assist our center in participating in the CACFP, please complete the enclosed Household Income Statement.** If your household income is higher than the guidelines shown on the instructions, please write “over income” on the Household Income Statement, include your children’s names, and return the form.

Return your completed Household Income Statement to:

**MSUM Early Education Center-Lacey Saga
1104 7th Ave S
Lommen Hall
Moorhead, MN 56560**

How will the information I provide be used? The reimbursement our center receives from the CACFP helps us to provide nutritious meals and snacks to all children in care. The amount of reimbursement our center receives depends on how many enrolled children are qualified for free or reduced price meals according to federal guidelines on household income. Children in households participating in Food Stamps, Minnesota Family Investment Plan (MFIP) or Food Distribution Program on Indian Reservations (FDPIR) and foster children qualify regardless of household income.

I get WIC. Does my household meet CACFP income guidelines? Children in households participating in WIC may meet the CACFP household income guidelines. Please fill out a Household Income Statement.

May I complete a Household Income Statement if someone in my household is not a U.S. citizen? Yes. You or your children or other household members do not have to be U.S. citizens for your children to participate in the CACFP.

Who should I include as members of my household? You must include yourself and all other people living in the household, related or not (such as grandparents, other relatives or friends). Include a household member who is temporarily away, such as a college student.

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. Include overtime pay if you regularly work overtime.

Do I need to provide my Social Security number? If income is reported, the Household Income Statement can be considered complete only if the person signing the form provides his/her Social Security number, or has no Social Security number and indicates that on the form.

How will the information I provide be kept? Information you provide on the form will be protected as private data. The back page of the Household Income Statement has details about data privacy.

If you have other questions or need help, call **(218)477-2214**

Sincerely,
Lacey Saga

Child & Adult Care Food Program

Dear Parents,

Your child care provider participates in the United States Department of Agriculture (USDA) Child & Adult Care Food Program (CACFP). This child care/center receives Federal cash assistance to serve healthy meals to your children. Good nutrition today means a stronger tomorrow! Meals served here must meet nutrition requirements established by USDA's Child & Adult Care Food Program. In order to participate, your provider has agreed to follow the USDA guidelines. In an effort to assess that these requirements are being met, the USDA and CACFP requires providers to annually collect the enrollment information listed below. Please complete the form and return it to your provider.

Name of the Child Care
Provider/Center:

MSUM Early Education Center

| Child's First Name | Last Name | Child's Date of Birth | Beginning Date of Child Care |
|---|-----------|---|---|
| Enter the normal hours your child is in care For example 7:30 AM – 5 PM or for a split schedule 7:30 – 9 AM & 12:30 – 5 PM | | Check the days your child normally attends <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday | Check the meals your child normally receives while in care <input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Night Snack |

| Child's First Name | Last Name | Child's Date of Birth | Beginning Date of Child Care |
|---|-----------|---|---|
| Enter the normal hours your child is in care For example 7:30 AM – 5 PM or for a split schedule 7:30 – 9 AM & 12:30 – 5 PM | | Check the days your child normally attends <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday | Check the meals your child normally receives while in care <input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Night Snack |

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Parent's Signature

Date Signed (form must be completed annually)

Parent's Name: _____
Please Print

Home Phone: _____

Mailing Address: _____

Work Phone: _____

City: _____

State: _____

Zip: _____

If there are other children in care, please complete additional forms as needed

For questions please contact:

Lacey Saga
 MSUM Early Education Center
 1104 7th Ave S
 Moorhead MN 56560
 (218)477-2214

State Contact information:
 Minnesota Department of Education - Food & Nutrition
 1500 Highway 36 West, Roseville, MN 55113
 (651) 582 – 8526 or (800) 366 – 8922 fns@state.mn.us

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. To file a complaint, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue SW, Washington DC 20250-9410 or call (202) 720-5964 or (800) 795-3272 (voice) or (202) 720-6382 (TTY).
 USDA is an Equal opportunity provider and employer

Instructions for Completing CACFP Household Income Statement

If your household participates in FOOD STAMPS, MFIP or FDPIR, follow these instructions:

Part 1: Check the box “all children in the household.” List each child, their age, and their case number. Medical Assistance case numbers do *not* qualify.

Part 2: Skip this part if all children in care have case numbers in Section 1. If any child in care at the center does not have a case number, complete this part.

Part 3: An adult household member must sign the form. A Social Security Number is not necessary.

If you are applying for a FOSTER CHILD, follow these instructions:

Part 1: Check the box “one foster child” and list the foster child on the first line. In the last column, list any foster care funds that are designated for the child’s personal use, or check the box indicating “None.”

Part 2: Skip this part. Foster children may meet program eligibility requirements regardless of the income of the household with whom they reside.

Part 3: An adult household member must sign the form. A Social Security Number is not necessary.

Use a separate form for each foster child.

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

If your **household income** is **less than or equal to** the amount shown for your household size in this chart, complete the Household Income Statement as described below. If your household income is **greater than** the amount shown for your household size, just return the Household Income Statement with Section 1 completed and write “Over Income” on the form. This program defines a household as a group of related or unrelated individuals (such as grandparents, other relatives or friends) who are living as one economic unit, that is, sharing living expenses.

Guidelines shown below are effective July 1, 2009, through June 30, 2010. A household having unemployed members is eligible if the loss of income causes the household income to be within income guidelines.

Total Household Income - Maximum

| Household Size | \$ Per Year | \$ Per Month | \$ Twice Per Month | Per 2 Weeks | \$ Per Week |
|---|-------------|--------------|--------------------|-------------|-------------|
| 1 | 20,036 | 1,670 | 835 | 771 | 386 |
| 2 | 26,955 | 2,247 | 1,124 | 1,037 | 519 |
| 3 | 33,874 | 2,823 | 1,412 | 1,303 | 652 |
| 4 | 40,793 | 3,400 | 1,700 | 1,569 | 785 |
| 5 | 47,712 | 3,976 | 1,988 | 1,836 | 918 |
| 6 | 54,631 | 4,553 | 2,277 | 2,102 | 1,051 |
| 7 | 61,550 | 5,130 | 2,565 | 2,368 | 1,184 |
| 8 | 68,469 | 5,706 | 2,853 | 2,634 | 1,317 |
| For each additional household member add: | 6,919 | 577 | 289 | 267 | 134 |

Part 1: Check the box labeled “All children in the household” and list each child in the household. Attach another page if necessary. If a child receives regular income, such as SSI payments, list the amount in the next to last column. Do not list occasional earnings for children, such as babysitting.

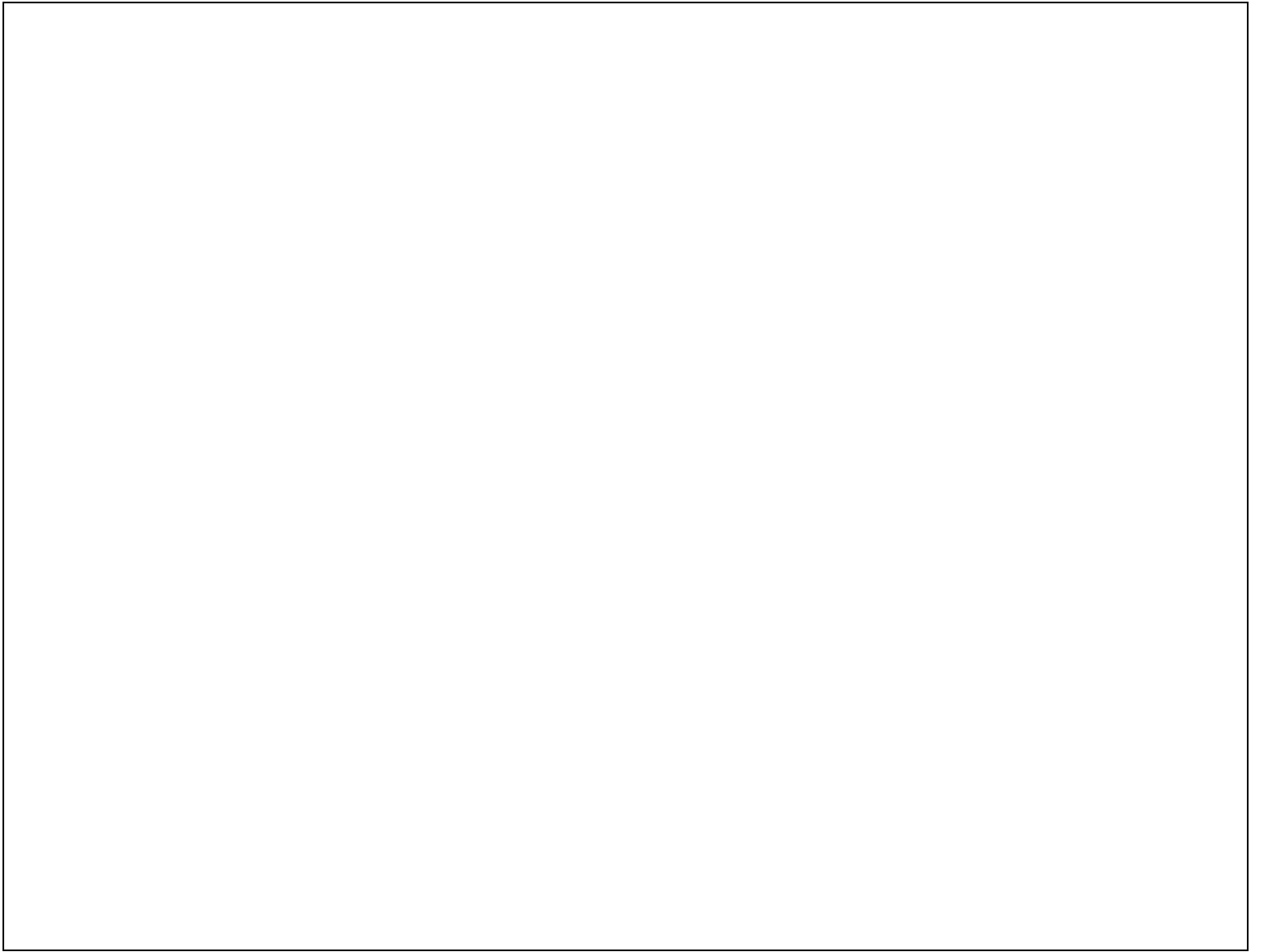
Part 2: Report all adult household members and all incomes. If a person has no income, check the “No Income” box.

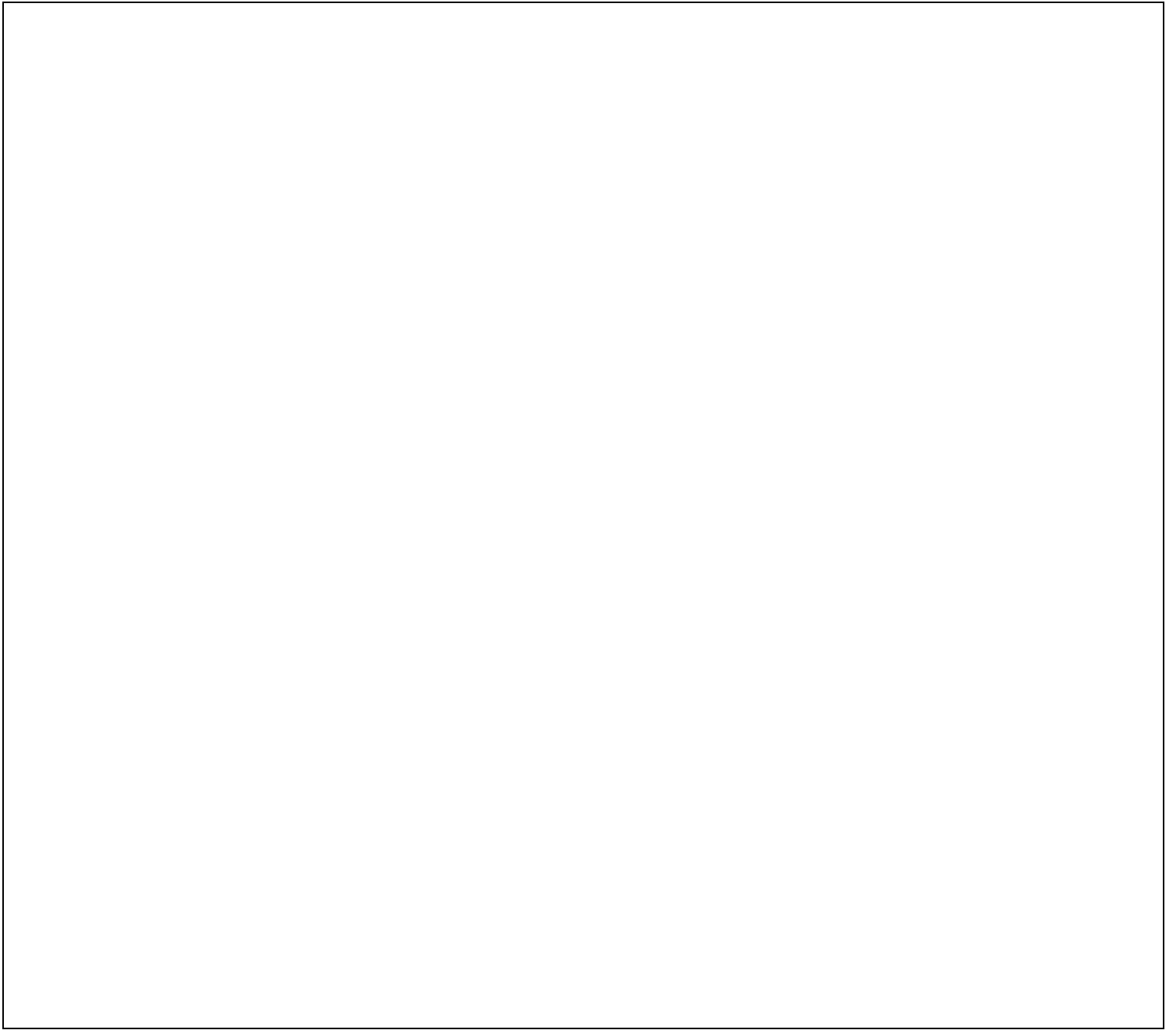
Names: List the first and last name of each adult living in your household, related or not (such as grandparents, other relatives, friends) and yourself. Include any household member temporarily away from home, such as a college student. Attach another page, if necessary.

Gross Monthly Wages and Salaries: Next to each adult’s name, list the *gross incomes* earned from all jobs before taxes and other deductions. *Do not* list take-home pay. For each income, write in how often the income is received (weekly, every two weeks, twice per month, monthly). *Do not* list an hourly wage.

All Other Incomes: List *all other incomes*, in addition to wages and salaries that each person receives on a regular basis from any source. For **self-employment**, list *net* income after business expenses in the last column. If you have a business loss from self-employment, list this as a zero income – for CACFP purposes a business loss may not be subtracted from other incomes.

Part 3: An adult household member must sign the form and provide his/her Social Security Number. If the person signing the form does not have a Social Security Number, they may indicate this by checking the box





**CHILD AND ADULT CARE FOOD PROGRAM - CHILD CARE CENTERS
HOUSEHOLD INCOME STATEMENT**

The information requested on this form is private data and will be used to determine the level of assistance for meals that you or your child care center will receive. Return completed form to the center. If your household income is *greater* than the attached income guidelines, and you are not completing this form for children with case numbers or for a foster child, write "Over Income" and your name on this form and return to center. Also please complete the voluntary Civil Rights Survey on the back page.

1. I have completed this form for (check **one**):
- All children in my household (except foster children), from birth through high school. Attach an additional page, if necessary.
- One foster child in my care, who is the legal responsibility of a social services agency or court (see "Foster Care" section on back page).
- List the foster child's name and date of birth and, in the last column, information about foster care funds for the child's personal use. Do not list any other children in your household. Skip Section 2 and sign in Section 3. Complete a separate form for each foster child.

| Names of Children in Household or Name of One Foster Child | | Age | If applicable Case Number MFIP, Food Stamps, or FDPIR Only | If applicable SSI or Other Regular Income to Child | If applicable Foster Child |
|---|-----------|-----|--|--|--|
| First Name | Last Name | | | | |
| 1 | | | | \$ _____ per _____ | Amount of foster care funds that are specified for child's personal use (check one): <input type="checkbox"/> None <input type="checkbox"/> \$ _____ per month |
| 2 | | | | \$ _____ per _____ | |
| 3 | | | | \$ _____ per _____ | |
| 4 | | | | \$ _____ per _____ | |
| 5 | | | | \$ _____ per _____ | |

2. List below all *adults* in the household (every household member not listed in Section 1) and their incomes. The household is all related or unrelated individuals who share housing and/or other significant expenses. Attach an additional page, if necessary. Skip Section 2 below if all children in Section 1 have case numbers of if a foster child is listed.

| Names of All Adults in Household (all household members not listed in Section 1) | | Check this column if person has NO INCOME | Incomes | | | | |
|---|-----------|---|---|---|---|--|--|
| First Name | Last Name | | Write in each income <i>and</i> how often it is received: weekly, bi-weekly (every two weeks), twice per month, monthly or yearly . Do not write in an hourly wage. If income fluctuates, write in the amount normally received. | | | | |
| | | | Gross Wages and Salaries from all jobs - before deductions - | Pension, SSI, Retirement, Social Security | Public Assistance, Child Support, Alimony | Unemployment, Worker's Comp, Strike Benefits | Any Other Income, including <i>net</i> Farm/ Self-Employment |
| 1 | | <input checked="" type="checkbox"/> | \$ _____ per _____ | \$ _____ per _____ | \$ _____ per _____ | \$ _____ per _____ | \$ _____ per _____ |
| 2 | | <input type="checkbox"/> | \$ _____ per _____ | \$ _____ per _____ | \$ _____ per _____ | \$ _____ per _____ | \$ _____ per _____ |
| 3 | | <input type="checkbox"/> | \$ _____ per _____ | \$ _____ per _____ | \$ _____ per _____ | \$ _____ per _____ | \$ _____ per _____ |
| 4 | | <input type="checkbox"/> | \$ _____ per _____ | \$ _____ per _____ | \$ _____ per _____ | \$ _____ per _____ | \$ _____ per _____ |

3. I certify that the information provided on this application is true and correct. Because federal and state funds may be paid on the basis of this information, I understand that program officials may verify the information, and that deliberate misrepresentation may subject me to prosecution under applicable laws.

Signature of Adult Household Member (required) _____

Printed Name: _____ Date: _____

Social Security Number (required if Section 2 is completed): _____ - _____ - _____

Or if you do not have a Social Security number, check here:

Sponsor Use Only – Do Not Write Below

For eligibility based on household size/income:
Total household members: _____
Total income per _____: \$ _____

Approved: A B C

Effective Dates: From _____ through _____

Sponsor Signature _____

Date: _____

FLUCTUATING MONTHLY INCOME

FARMER OR SELF-EMPLOYED: Monthly income is the *average net* monthly income (after deducting expenses) during the year. A loss from self-employment must be listed as zero income and does not reduce other income for the purpose of completing this form.

SEASONAL WORKER: List the expected *average* monthly gross income (before deductions).

SOCIAL SECURITY NUMBER

Sections 9 and 17 of the National School Lunch Act require that the adult household member signing this form include their Social Security number, unless a Food Stamp, FDPIR or MFIP case number is provided. If the person signing the form has no Social Security number, write "None." Provision of a Social Security number is not mandatory, but if you do not provide a Social Security number as requested, your child will *not* be eligible for free or reduced-price meals. The Social Security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on this application. These verification efforts may be carried out through program reviews, audits and investigations, and may include contacting employers to determine income, contacting a Food Stamp, FDPIR or welfare agency to determine current certification for receipt of Food Stamps, FDPIR or MFIP 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 loss or reduction of benefits, administrative claims or legal action if incorrect information is reported.

CIVIL RIGHTS SURVEY (voluntary)

This information is requested solely for the purpose of determining compliance with federal civil rights laws, and will not affect your application. By providing this information, you will assist us in assuring that this program is administered in a nondiscriminatory manner.

1. Ethnicity (check one):

- Hispanic or Latino
- Not Hispanic or Latino

2. Race (check one or more):

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

FOR CENTER USE ONLY

Identified by: Adult Household Member Center Representative

FOSTER CHILD

DEFINITION: A foster child is a child who is living with a household but who remains the legal responsibility of the welfare agency or court. A foster child is considered a household of one.

INCOME FOR FOSTER CHILDREN: In determining income for the foster child, *only* the following should be considered:

Funds provided by the welfare agency that are specifically identified by category for *personal use* of the foster child, such as clothing, school fees and allowances are considered as income to the child. Funds for shelter and care, and those identified as special needs funds, such as those for medical and therapeutic needs are not considered as income to the child. Where welfare funds cannot be identified by category, no portion of the provided funds is considered as income to the child.

In accordance with federal law and U.S. Department of Agriculture policy, this child care center is prohibited from discrimination on the basis of race, color, national origin, sex, age or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue SW, Washington, D.C. 20250-9410 or call 1-800-795-3272 or 202-720-6382 (TTY).