



**Adults' & Children's Alliance**

10 Yorkton Court  
St. Paul MN 55117

Dear Family Child Care Provider:

Thank you for your participation in the Child and Adult Care Food Program (CACFP).

Due to the USDA Area Eligibility Waiver, all Providers will receive Tier 1 (higher) reimbursement rates for day care children's meal and snacks from July 1, 2021, through June 30, 2022. Additionally, it may be possible for you to receive reimbursement for Program meals served to your own children under 13 years of age. A foster child (a welfare agency or court has legal responsibility for the child) living in your home, is eligible for Program meal reimbursement.

Please read the enclosed "Instructions for Completing CACFP Provider Household Income Statement". If you believe your family would qualify because you already participate in a qualifying program (Supplemental Assistance Nutrition Program (SNAP), Minnesota Family Investment Program (MFIP), or Food Distribution Programs on Indian Reservations (FDPIR), or because your household income is at or below the amounts listed, complete and return to Adults' & Children's Alliance (ACA) a "Provider Household Income Statement".

**If your household participates in SNAP, MFIP or FDPIR**, you should complete sections 1, 2 and 4 on the Program Household Income Statement. Please note, Medical Assistance is not a qualifying program.

**If your household income will allow you to claim meal reimbursement for your own children's meals**, complete sections 1, 3, and 4 of the Provider Household Income Statement.

**If you are applying for a foster child only**, complete section 1 and 4 of the Provider Household Income Statement.

Income Statements become effective no earlier than the first of the month in which all required information is received and approved by our office. For example, if your information is received and approved in our office June 3<sup>rd</sup>, June 1<sup>st</sup> is the earliest you could begin receiving Tier 1 rates.

***Any Household Income Statement which is incomplete or not signed and dated will be returned. ACA will not add to or change the information you have recorded on your Household Income Form.***

If you have any questions while completing your Provider Household Income Statement, please contact our office.

Local (651) 481-9320 • TOLL FREE (800) 433-8108 • FAX (651) 481-4919E-MAIL: (general) [info@acainc.org](mailto:info@acainc.org) • E-MAIL (food program) [cacfp@acainc.org](mailto:cacfp@acainc.org) • WEB SITE: [www.acainc.org](http://www.acainc.org)



## How to Complete the Household Income Statement Form for Providers

Complete the Household Income Statement form if any of the following apply to your household:

- Any household member currently participates in the Minnesota Family Investment Program (MFIP), or the Supplemental Nutrition Assistance Program (SNAP), or the Food Distribution Program on Indian Reservations (FDPIR), or
- The household includes one or more foster children (a welfare agency or court has legal responsibility for the child), or
- The total income of household members is within the guidelines shown below (gross earnings before deductions, not take-home pay). Do not include as income: foster care payments, federal education benefits, MFIP payments, or value of assistance received from SNAP, WIC, or FDPIR. Military: Do not include combat pay or assistance from the Military Privatized Housing Initiative. The income guidelines are effective from July 1, 2021 through June 30, 2022.

### Maximum Total Income

Household Size	\$ Per Year	\$ Per Month	\$ Twice Per Month	\$ Per 2 Weeks	\$ Per Week
1	23,828	1,986	993	917	459
2	32,227	2,686	1,343	1,240	620
3	40,626	3,386	1,693	1,563	782
4	49,025	4,086	2,043	1,886	943
5	57,424	4,786	2,393	2,209	1,105
6	65,823	5,486	2,743	2,532	1,266
7	74,222	6,186	3,093	2,855	1,428
8	82,621	6,886	3,443	3,178	1,589
Add for each additional person	8,399	700	350	324	162

### Step 1 Children

List all infants and children in the household and their birthdates. Attach an additional page if needed to list all children. Fill in circles to show which children are enrolled at the child care. If any children are foster children (a welfare agency or court has legal responsibility for the child), fill in the circle.

If any children have regular earnings, write in the amount of income and frequency. Do not write in an hourly wage. Do not include occasional earnings like babysitting or lawn mowing.

### Step 2 Case Number

If you or any other household member currently participates in SNAP, MFIP or FDPIR assistance programs, write in the case number and check the box to indicate which assistance program. Then go to Step 4. If no one in your household participates in SNAP, MFIP or FDPIR, leave Step 2 blank and continue to Step 3.

NOTE: Benefits received from Child Care Assistance, Medical Assistance (MA), Women, Infants, and Children (WIC), and Person Master Index (PMI) numbers **do not** qualify for this purpose and cannot be reported on the Household Income Statement in Step 2.

### **Step 3 Adults / Incomes / Last 4 Digits of Social Security Number**

- List all adults living in the household (everyone not listed in Step 1) whether related or not, such as grandparents, other relatives, or friends. Include any adult who is temporarily away from home, like a student away at college. Attach another page if necessary.
- List gross incomes before deductions, not take-home pay. Do not list an hourly wage rate. For adults with no income to report, enter a '0' or leave the section blank. This is your certification (promise) that there is no income to report for these adults.
- For each income, fill in a circle to show how often the income is received: each week, every other week, twice per month, or monthly.
- For farm or self-employment income only, list the net income per year or month after business expenses. A loss from farm or self-employment must be listed as 0 income and does not reduce other income.
- Last four digits of the Social Security number (SSN) – The adult household member signing the form must provide the last four digits of their SSN or check the box if they do not have an SSN.

### **Step 4 Signature and Contact Information**

The provider must sign the form.

Provider Name: \_\_\_\_\_

**Child and Adult Care Food Program – Homes**

Number: \_\_\_\_\_

**Provider Household Income Statement**
**Step 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	MI	Child's Last Name	Birthdate	Enrolled in this child care? If yes, fill in the circle	Foster Child? (An agency or court has legal responsibility for the child.) If yes, fill in the circle.	Regular Income Earned by Children List any regular incomes earned by children. Do not include occasional earnings like babysitting or lawn mowing.				
						Regular Income	Weekly	Bi-Weekly	2X Month	Monthly
				<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
				<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
				<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
				<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
				<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Step 2** Do any household members currently participate in any of these programs: SNAP, MFIP or FDPIR? (Medical Assistance and WIC do not qualify.) If no, go to Step 3.

 If yes, write in the **case number** here and check the program: \_\_\_\_\_  SNAP  MFIP  FDPIR. Then go to Step 4.

**Step 3** A. List **all** adult household members, including yourself, and report all incomes. (Skip Step 3 if you completed Step 2 or if all participants are foster children.)

Adults - Full Name For the purpose of meal benefits, the members of your household are "Anyone who is living with you and shares income and expenses, even if not related." List the full name of each household member not listed in Step 1 and their income(s) in whole dollars. If a person has no income, write in 0 or leave the section blank. This is your certification (promise) of no income to report. Include any college students temporarily away from home.	Gross Pay from Work Do not write in an hourly wage					Farm or Self-Employment  Net Income after business expenses. State if annual or monthly.	Public Assistance, Child Support, Alimony					All Other Incomes  Pension, retirement, disability, unemployment, Veterans benefits, etc.				
	Gross pay before deductions (not take-home pay)	Weekly	Bi-Weekly	2X Month	Monthly		Payments received	Weekly	Bi-Weekly	2X Month	Monthly		Weekly	Bi-Weekly	2X Month	Monthly
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

 B. Last four digits of signer's Social Security Number (SSN) or no SSN (required): X X X-X X-□□□□ or  I don't have a Social Security Number.

**Step 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, my children may lose benefits and I may be prosecuted under applicable federal and state laws.

Signature of provider (required): \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Sponsor Use Only—Do Not Write Below	
Total Household Members: _____	Total Income: \$ _____ per _____
<input type="checkbox"/> Approved Tier 1: <input type="checkbox"/> Case Number <input type="checkbox"/> Foster <input type="checkbox"/> Income	
<input type="checkbox"/> Denied Tier 1: <input type="checkbox"/> Income <input type="checkbox"/> Incomplete	
Area Eligible: <input type="checkbox"/> Yes <input type="checkbox"/> No	Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No
Sponsor Signature _____	Date _____
Effective Dates: From _____ through _____	

## Farmer or Self-Employed

Income is your *net* income (after deducting business expenses) from farm or self-employment during the year, which is generally 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 foster child, 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.

We will use your information to determine if your household meets program eligibility guidelines, and for administration and enforcement of the program.

## Nondiscrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#) (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the

information requested in the form.

To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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; (2) Fax: (202) 690-7442; or (3) Email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.