



Dear Parent or Guardian:

Your child care provider participates on the Child and Adult Care Food Program with Milestones and receives reimbursement for the nutritious meals served to your child(ren). Please complete and return the enclosed Household Income Statement so that your provider may qualify to receive the maximum amount of reimbursement for the nutritious meals served to your child(ren).

Information provided on the Household Income Statement will be held as confidential data by Milestones and will not be shared with your family child care provider. The child meal eligibility status remains confidential but data may be shared with the USDA child nutrition programs, federal education programs or state health and education programs.

Completing the Household Family Income Statement:

- Please see the back of this form for instructions on how to complete the Household Income Statement, for Participating Families of the Child and Adult Care Food Program.

Please double check to make sure all sections of the forms are completed before mailing to us, incomplete forms will be sent back for completion. Send the completed form to Milestones office in the pre-addressed envelope no later than 10 days of receipt of the form.

If you have questions call 1-800-288-8549 or email [providercare@milestonesmn.org](mailto:providercare@milestonesmn.org) We, along with your family child care provider, thank you for your cooperation.

This institution is an equal opportunity provider.

## How to Complete the Household Income Statement Form

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, 2023 through June 30, 2024.**

Maximum Total Income

Household Size	\$ Per Year	\$ Per Month	\$ Twice Per Month	\$ Per 2 Weeks	\$ Per Week
1	26,973	2,248	1,124	1,038	519
2	36,482	3,041	1,521	1,404	702
3	45,991	3,833	1,917	1,769	885
4	55,500	4,625	2,313	2,135	1,068
5	65,609	5,418	2,709	2,501	1,251
6	74,518	6,210	3,105	2,867	1,434
7	84,027	7,003	3,502	3,232	1,616
8	96,536	7,795	3,898	3,598	1,799
Add for each additional person	9,509	793	397	366	183

### 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.

### 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 number 4. If no one in your household participates in SNAP, MFIP or FDPIR, leave number 2 blank and continue to number 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 number 2.

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

- List all adults living in the household (everyone not listed in number 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.

### 4 Signature and Contact Information

An adult household member must sign the form.

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



## Family Household Income Statement for the Child and Adult Care Food Program

☐ Check here to allow your provider to collect this completed form from you in a sealed envelope and send it to the sponsoring organization. Or send the form directly to the sponsoring organization: \_\_\_\_\_. The information on this form is private and will not be available to your provider.

**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
				○	○	\$	○	○	○	○
				○	○	\$	○	○	○	○
				○	○	\$	○	○	○	○
				○	○	\$	○	○	○	○
				○	○	\$	○	○	○	○

**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 3. If yes, write in the **case number** here: \_\_\_\_\_ and check the program \_\_\_\_\_SNAP \_\_\_\_\_MFIP \_\_\_\_\_FDPIR. Then go to 4.

**3** A. List **all** adult household members, including yourself, and report all incomes. (Skip 3 if you completed 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					
	Gross pay before deductions (not take-home pay)	Weekly	Bi-Weekly	2X Month	Monthly		Payments received	Weekly	Bi-Weekly	2X Month	Monthly	Pension, retirement, disability, unemployment, Veterans benefits, etc.	Weekly	Bi-Weekly	2X Month	Monthly
	\$	○	○	○	○	\$	\$	○	○	○	○	\$	○	○	○	○
	\$	○	○	○	○	\$	\$	○	○	○	○	\$	○	○	○	○
	\$	○	○	○	○	\$	\$	○	○	○	○	\$	○	○	○	○

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.

**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 adult household member (required): \_\_\_\_\_

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

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

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

Sponsor Use Only—Do Not Write Below	
Total Household Members: _____	Total Income: \$_____ per _____
____ Approved Tier 1: _____ Case Number _____	____ Foster _____ Income _____
____ Denied Tier 1: _____ Income _____	____ Incomplete _____
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, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or 2. **fax:**(833) 256-1665 or (202) 690-7442; or 3. **Email:** [program.intake@usda.gov](mailto:program.intake@usda.gov)

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