



P.O Box 390813, Mpls, MN 55439  
952.944.7010: 800:356.5983 FAX 952-944.7011  
www.providerschoice.com

Dear Parent or Guardian:

Your day care provider participates on the Child and Adult Care Food Program. This USDA program provides both financial reimbursement for the nutritious meals served to your child(ren) as well as nutrition education for your provider.

The financial reimbursement structure for providers participating on the Food Program enables your provider to be reimbursed at a higher rate for meals served to your child if:

- \*Your household income falls within the income guidelines listed on the enclosed form.

Or

- \*Your family is receiving:
  - Minnesota Family Investment Program (MFIP)
  - Supplemental Nutrition Assistance Program (SNAP)
  - Food Distribution Program on Indian Reservations (FDPIR)

If any of these options do not apply to your family, please disregard this letter. However if any of these options do apply to your family, complete the enclosed form and mail it to Providers Choice in the enclosed pre-addressed envelope. This information is considered confidential and is not disclosed to your provider.

Your provider can assist with getting this information to us, but only with your permission. If you wish your provider to forward your forms to Providers Choice, please check the permission box just above Step 1 on the application form. You may still seal it in the enclosed envelope so your information is kept confidential.

Your willingness to provide this information will benefit you by allowing your provider to keep her/his child care fees as low as possible.

**Note for Foster Parents:** Check the foster child box of each foster child (when social services agency or court has legal responsibility for the child) and include all foster children in your family size. If all children in the household are foster children, you do not need to fill out sections 2 and 3 on the application form.

Please call our office at 800.356.5983 or 952,944.7010 if you have questions. We are happy to answer your questions.

Sincerely,

*The PCI Office Staff*

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, 2020 through June 30, 2021**.

### Maximum Total Income

Household Size	\$ per Week	\$ per 2 Weeks	\$ Twice per Month	\$ Per Month	\$ Per Year
1	454	908	984	1,968	23,606
2	614	1,227	1,329	2,658	31,894
3	773	1,546	1,675	3,349	40,182
4	933	1,865	2,020	4,040	48,470
5	1,092	2,183	2,365	4,730	56,758
6	1,251	2,502	2,711	5,421	65,046
7	1,411	2,821	3,056	6,112	73,334
8	1,570	3,140	3,401	6,802	81,622
Each additional household member add:	160	319	346	691	8,288

### 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 participates in SNAP, MFIP or FDPIR assistance programs, circle the name of the program, write in the case number, then go to Step 4. (Medical Assistance (M.A.) and WIC do *not* qualify for this purpose.)

### 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

An adult household member must sign the form.

Provider Name: _____ Number: _____	<b>FAMILY</b>	<b>CHILD AND ADULT CARE FOOD PROGRAM – HOMES</b> <b>HOUSEHOLD INCOME STATEMENT FOR PARTICIPATING</b> <b>FAMILY</b> <b>7/20</b>	 <i>Supporting the Child Care Professional</i>
---------------------------------------	---------------	---	---

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: **Providers Choice, 10901 Red Circle Dr., #100, Minnetonka, MN 55343.** The information on this form is private and will not be available to your provider.

**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? <small>If yes, fill in the circle</small>	Foster Child? <small>(An agency or court has legal responsibility for the child.) If yes, fill in the circle.</small>	Regular Income Earned by Children <small>List any regular incomes earned by children. Do not include occasional earnings like babysitting or lawn mowing.</small>				
						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 FDIPIR? (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 <small>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.</small>	Gross Pay from Work <small>Do not write in an hourly wage.</small>					Farm or Self-Employment  Net Income after business expenses. <small>State if annual or monthly.</small>	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
	\$	<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):     –   – 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, 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 _____	
<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
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 discrimination complaint form or letter to USDA by: (1) Mail to 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 to (202) 690-7442 or (3) Email to [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.