



P.O Box 390813, Mpls, MN 55439
952.944.7010 : 800.356-5983 : FAX 952.944.7011
provider@providerschoice.com

Dear Provider:

The information on the attached **Provider Application** form will be used to determine if you are eligible to receive Tier I reimbursement for all the children in your care. This form will also determine if you are eligible to claim your own children. All information is kept **confidential** in the Providers Choice office. Your income information will not be shared.

The completed and signed application must reach us no later than the last business day of the month in which you wish to receive Tier I rates or begin claiming your own children.

If you are applying for Tier I reimbursement for all children, you are required to provide documentation (see *List of Verification Documentation on the back of this page*). If you qualify for Tier I reimbursement by geographic area eligibility and you are using this form to be able to claim your own children, you do not need to provide income documentation at this time. **The form cannot be approved if any information is incomplete.**

Foster Parents: If you are a provider who is a foster parent, check the “foster child” box for each child who is a foster child (a welfare agency or court has a legal responsibility for the child). If all children in the household are foster children, skip sections 2 and 3. Foster children may now be included in your family size.

Reporting income: List your household’s total gross monthly income and provider’s net income in Section 3. All household income must be reported as gross income before deductions. Self-employed persons may deduct business expenses and report net income. Provide documentation if applying for Tier I rates for all children.

If your most recent 1040, Schedule 1 and Schedule C tax forms do not accurately reflect your child care’s current net income situation, please contact us for a “Monthly Net Child Care Profit/Loss Statement Ledger”. This can be used to document income in this situation.

Send signed and completed form and, if required, copies of verification documentation (see List of Verification Documentation) to Providers Choice. If you have questions please call 800.356.5983 or 952.944.7010 Metro.

Sincerely,
PCI Claims Staff

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, audiotope, 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, 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, This institution is an equal opportunity provider.

How to Complete the Household Income Statement

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

- Any member of your household 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 *foster children* (a welfare agency or court has legal responsibility for the child). A form may be completed separately for foster children, or foster children may be included on the form with other non-foster children. *or*
- The *total incomes* of your household (gross earnings, not take-home pay) are less than or equal to the amount shown below for your household size. 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 Military Privatized Housing Initiative payments. 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 children (infants through grade 12) in the household, including foster children, and provide the requested information for each child. Attach an additional page if necessary.

Step 2 - Case Number

Complete Step 2 if any household member currently participates in any of the three assistance programs listed in Step 2. If Step 2 is completed, skip Step 3.

Step 3 - Incomes / Social Security Number

Regular income to children – If any children in the household have regular income, such as SSI or part-time jobs, list the total amount of regular income to children. Do not include occasional earnings like babysitting or lawn mowing.

Social Security number – The provider must write in the last four digits of their Social Security number, or check the box if they do not have a Social Security number.

Adults/Incomes – 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, such as a student away at college. Attach an additional page if necessary.

- List gross incomes before deductions, from paystubs. Do not list take-home pay. **Do not list an hourly wage rate.** For farm or self-employment income only, list the net income after subtracting business expenses.
- 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.

Step 4 - Signature and Contact Information

The provider must sign the form.

LIST OF PROVIDER VERIFICATION DOCUMENTATION

If you are applying for Tier I reimbursement by completing the attached application, you must provide the following verification documentation.

Area Eligible?

If you are already area eligible for Tier I reimbursement you do not need to provide the information listed below. Complete the provider household income statement and mail to Providers Choice.

MFIP, SNAP OR FDPIR Households

If you receive MFIP, SNAP, or FDPIR for your child(ren), you only need to send one of the following:

- ✓ MFIP, SNAP or FDPIR certification notice showing the beginning and ending dates of the certification period.
- ✓ Letter from the food stamp or welfare office stating that you now get SNAP or MFIP.
- ✓ Letter from Tribal Office stating that you now receive benefits from the FDPIR.

Household Income Documentation

If you do not get SNAP, MFIP or FDPIR, send copies of information or papers that show your household's current income. Current income is the amount of money your household received last month. **The papers you send in must show: (1) the amount of the income received, (2) the name of the person who received it, (3) the date the income was received, and (4) how often the income is received.**

To show the amount of money your household received last month, send copies of the following. **You must submit one of the following types of documentation for each different category of income you receive:**

- ✓ **Self-employment income including provider's net income:**
 - IRS Form 1040, Schedule 1 and Schedule C for the most recent tax year.
 - If no taxes were filed, contact us for a "Monthly Net Child Profit/Loss Ledger".
- ✓ **Earnings/wages/salary for each job** (submit one of the following):
 - One month of current paycheck stubs that shows how often pay is received.
 - Current pay envelope that shows how often pay is received.
 - Letter from employer stating gross wages paid and how often they are paid.
 - Business or farming papers, such as ledger or tax books.
- ✓ **Social security/pensions/retirement** (submit one of the following):
 - Social security retirement benefit letter.
 - Statement of benefits received.
 - Pension award notice.
 - Bank statement showing direct deposit amount of benefit.
 - Check Stub
- ✓ **Unemployment compensation/disability or worker's compensation** (submit one of the following):
 - Notice of eligibility from State employment security office.
 - Check stub.
 - Letter from worker's compensation.
- ✓ **Welfare payments** (General Assistance):
 - Benefit letter from welfare agency.
- ✓ **Child support/alimony:**
 - Court decree, agreement, or copies of checks received.
- ✓ **All other income:** If you have other forms of income (such as rental income), send information or papers that show the amount of income received, how often it is received, and the date received.
- ✓ **No income:** If you have no income, send a brief note explaining how you provide food, clothing, and housing for your household and when you expect an income.

If you have any questions, or need help to decide what information to send, please call Providers Choice at 800.356.5983 or 952.944.7010 Metro.

Provider Name: _____
 Number: _____

PROVIDER
CHILD AND ADULT CARE FOOD PROGRAM – HOMES
PROVIDER HOUSEHOLD INCOME STATEMENT **7/20**



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
				○	○	\$	○	○	○	○
				○	○	\$	○	○	○	○
				○	○	\$	○	○	○	○
				○	○	\$	○	○	○	○
				○	○	\$	○	○	○	○

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

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. 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): XXX–XX– 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 _____

Approved Tier 1: Case Number Foster Income

Denied Tier 1: Income Incomplete

Area Eligible: Yes No Verified: Yes 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, 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.

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