

Dear Parent or Guardian:

St. John's Child Development Center is enrolled in the CACFP, a USDA program which

provides federal assistance dollars to eligible child care centers for serving more nutritious meals. The amount of money our agency receives from this program is based on the income levels of our families. **In order to continue providing a quality meal service without additional charge, we request every family of our enrolled children to complete new a Household Size-Income Statement form (HSIS) each year. Please complete and return the attached HSIS form to our office. This information will be kept strictly confidential in our files.** Only one completed HSIS is required for all children in your household. Refer to the requirements below for establishing eligibility of foster children, children enrolled in Head Start, and Runaway, Migrant, or Homeless children; *eligibility for these children does not extend to other children in your household.* Once we have properly approved your HSIS as eligible, our agency will receive the higher meal reimbursement rates for your enrolled children, for 12 months from the *Effective Month of Determination* regardless of any change in your household size and/or income or termination from Benefits Programs.

You are not required to complete and return this HSIS if no one in your household receives benefits from the Supplemental Nutrition Assistance Program (SNAP) (FoodShare Wisconsin), FDIPIR (Food Distribution Program on Indian Reservations), or W-2 Cash Benefits (paid placement programs, and not child care subsidy) and your household income is higher than the amount indicated for your household size within the table below. In this case, however, we would appreciate you return the HSIS form to us with "N/A" written on it along with your signature and date.

Determining Eligibility based on Participation in Benefits Programs → Complete Part 1 and Part 3 of HSIS form

Our agency receives the highest meal reimbursement rate for children in households receiving FoodShare Wisconsin, FDIPIR benefits, or W-2 Cash Benefits (paid placement programs and not child care subsidy).

You must include the following information on the HSIS (a-c) for eligibility based on receiving FoodShare WI, FDIPIR benefits, or W-2 Cash Benefits:

- (a) The names of your enrolled children;
- (b) The appropriate case number for FoodShare Wisconsin, FDIPIR, or W-2 Cash Benefits (*paid placement programs, and not child care subsidy*); and
- (c) The signature of an adult member of the household and signature date

W-2 Cash Benefits are paid placement programs that do not include Wisconsin Shares Child Care (W-2 Child Care Assistance). W-2 paid placement programs include Community Service Job (CSJ), Custodial Parent of an Infant (CMC), W-2 Transition (W-2 T) and At Risk Pregnancy (ARP). **DO NOT list case numbers for Medicaid, SSI, or if you only receive W-2 Child Care Assistance; these benefits do not automatically qualify your children for the higher reimbursement rates.**

Determining Eligibility by Household Size and Income → Complete Part 2 and Part 3 of HSIS form

Household-Size Income Scale (Effective July 1, 2017 to June 30, 2018)

Household Size	Annual Income Level (at or below)
1	\$22,311
2	\$30,044
3	\$37,777
4	\$45,510
5	\$53,243
6	\$60,976
7	\$68,709
8	\$76,442
For each additional Household Member, add:	+\$7,733

If your household earns a total income that is less than or equal to the income levels listed within this table, our agency will receive higher meal reimbursement rates for your enrolled children.

For determining eligibility based on your household size and income, you must include the following information on the HSIS (a-d):

- (a) Full names of all of your household members who share income and expenses, including children, parents, and non-related persons;
- (b) Household income received by each household member identified by source of income and how often each source is received;
- (c) The signature of an adult member of the household and signature date; and
- (d) The last four digits of the social security number of the adult household member signing the HSIS or an indication he/she does not have a social security number.

Disclosure of United States citizenship or immigration status is not required and is not a condition of eligibility for higher meal reimbursement rates.

Our agency will receive the highest meal reimbursement rates for foster children, children enrolled in Head Start, and Runaway, Homeless, and Migrant children. In order to do so, please provide the following:

Foster children: Identify your foster children on the HSIS by checking the 'Foster Child' box next to their names when either completing a separate HSIS for your foster children or that includes them as household members on the same HSIS completed for your non-foster children. When including them on your HSIS completed for your non-foster children, report foster children's income only designated for their personal use.

Children Enrolled in Head Start: Submit written certification of your child's Head Start enrollment eligibility period from the Head Start administering agency.

Runaway, Homeless, and Migrant Children: Submit written certification of the child's status from an official of the appropriate Runaway and Homeless Youth Program, Migrant Education Program, or school official.

Use of Information Statement: The Richard B. Russell National School Lunch Act requires the information on this form. You are not required to provide this information, but if you do not, our agency cannot receive higher reimbursement rates for meals served to your children. You must include the last four digits of the social security number of the household member signing the form unless: the HSIS is for your foster child(ren); you list a case number for receiving FoodShare WI, W-2 Cash Benefits, or FDIPIR; or when the household member signing the HSIS checks the checks "None" for not having a SS#.

Sharing Eligibility Information: Children's eligibility information may be shared in accordance with disclosure protection requirements without prior notification, with education, health, and nutrition programs to assess their eligibility for benefits. The law allows us to share your children's eligibility information with programs such as Medicaid or BadgerCare for ensuring their access to free or low cost health insurance, **unless you tell us not to.** This information may only be used for determining eligibility for their programs; if your children are eligible, they may contact you to offer their enrollment options. Please note that filling out this HSIS does not automatically enroll your children in these programs. **If you do not want your information to be shared with these programs, please notify us in writing. This notification will not change whether your children's meals are eligible for meal reimbursement.** Your eligibility information provided on the HSIS may also be shared with auditors for program reviews and law enforcement officials for the purpose of investigating violations of program rules.

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.aspc.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) 632-9952. 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.

Debbie Drew

Signature of Agency Representative

HOUSEHOLD SIZE-INCOME SCALE
July 1, 2017 to June 30, 2018

FREE

The participant(s) may be determined as "Free" on their Household Size-Income Statement (HSIS) if the HSIS is fully complete and the total reported household income is at or below the amount on this table for the specific household size.

Household Size	Yearly \$	Monthly \$	Twice per Month \$	Every Two Weeks \$	Weekly \$
1	15,678	1,307	654	603	302
2	21,112	1,760	880	812	406
3	26,546	2,213	1,107	1,021	511
4	31,980	2,665	1,333	1,230	615
5	37,414	3,118	1,559	1,439	720
6	42,848	3,571	1,786	1,648	824
7	48,282	4,024	2,012	1,857	929
8	53,716	4,477	2,239	2,066	1,033
For Each Additional Household Member add:	+5,434	+453	+227	+209	+105

REDUCED-PRICE

The participant(s) may be determined as "Reduced-Price" on their Household Size-Income Statement (HSIS) if the HSIS is fully complete and the total reported household income is at or between the amounts on this table for the specific household size.

Household Size	Yearly	Monthly	Twice per Month	Every Two Weeks	Weekly
1	15,678.01 & 22,311	1,307.01 & 1,860	654.01 & 930	603.01 & 859	302.01 & 430
2	21,112.01 & 30,044	1,760.01 & 2,504	880.01 & 1,252	812.01 & 1,156	406.01 & 578
3	26,546.01 & 37,777	2,213.01 & 3,149	1,107.01 & 1,575	1,021.01 & 1,453	511.01 & 727
4	31,980.01 & 45,510	2,665.01 & 3,793	1,333.01 & 1,897	1,230.01 & 1,751	615.01 & 876
5	37,414.01 & 53,243	3,118.01 & 4,437	1,559.01 & 2,219	1,439.01 & 2,048	720.01 & 1,024
6	42,848.01 & 60,976	3,571.01 & 5,082	1,786.01 & 2,541	1,648.01 & 2,346	824.01 & 1,173
7	48,282.01 & 68,709	4,024.01 & 5,726	2,012.01 & 2,863	1,857.01 & 2,643	929.01 & 1,322
8	53,716.01 & 76,442	4,477.01 & 6,371	2,239.01 & 3,186	2,066.01 & 2,941	1,033.01 & 1,471
For Each Additional Household Member add:	+5,434.01 & +7,733	+453.01 & +645	+227.01 & +323	+209.01 & +298	+105.01 & +149

HOUSEHOLD SIZE—INCOME STATEMENT

Child and Adult Care Food Program

An adult household member must complete this form (HSIS) and return it to the center.

First and Last Name(s) of Enrolled Child(ren)	St. John's Child Development Center
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PART 1: BENEFITS

If any member of your household currently receives FoodShare Wisconsin, Wisconsin Works Cash Benefits, and/or FDIPIR (Food Distribution Program on Indian Reservations), check the box for the benefit currently received and list the case number. Then, complete PART 3 and return HSIS to the center. Do not complete PART 2.

If no one receives these benefits, go to PART 2.

- FoodShare Wisconsin (10 or 16 digit #) Wisconsin Works Cash Benefits (10 digit #) FDIPIR (9 digit #)

Case Number/Quest Card Number: _____

If only receiving W-2 Child Care Assistance, do not list a case number; you must complete Part 2 of this form for eligibility determination.

PART 2: TOTAL HOUSEHOLD SIZE AND INCOME

- 1) List full names of all household members, including yourself and all children. (Ages are optional.)
 - 2) List all gross income (before deductions or taxes, social security, etc) on the same line as the person who receives it. Self-employed household members should report net income. Check the box for how often it is received. Record each income only once.
- If you listed a case number in Part 1, you do not need to list household and income information below.

1) List full names of all household members below		Age	Check if Foster Child	2) List gross income and how often it is received												Check if no income							
				Gross income from work	Weekly	Every 2 Weeks	Twice per Month	Monthly	Annually	Welfare Payments, Child Support, and/or Alimony	Weekly	Every 2 Weeks	Twice per Month	Monthly	Annually		Pensions, Retirement, Social Security, SSI, VA benefits	Weekly	Every 2 Weeks	Twice per Month	Monthly	Annually	All Other Income Received Last Month (indicate frequency)
			<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ /	<input type="checkbox"/>
			<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ /	<input type="checkbox"/>
			<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ /	<input type="checkbox"/>
			<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ /	<input type="checkbox"/>
			<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ /	<input type="checkbox"/>

PART 3: ALL HOUSEHOLDS

ETHNICITY AND RACE DATA COLLECTION – Completion is optional

This center is required by Federal law to ask the following two questions concerning ethnicity and race. Your answers are strictly for statistical reporting and will have no effect on determination of eligibility for benefits. Please answer both questions.

IS YOUR CHILD(REN) HISPANIC OR LATINO? Yes, Hispanic or Latino No, neither Hispanic nor Latino

SELECT ONE OR MORE OF THE FOLLOWING CATEGORIES THAT APPLY TO YOUR CHILD(REN):

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

ADULT HOUSEHOLD MEMBER SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (SS#)

If Part 2 is completed, the adult signing the form must list the last four digits of his/her SS# OR check "None" if he/she does not have a SS#.

I CERTIFY that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of federal funds; that agency officials may verify the information on this form; and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

Signature of Adult Household Member	Signature Date Mo./Day/Yr.	Last 4 digits of SS# (or check "None" if you do not have a SS#) ***-**-____ <input type="checkbox"/> None
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FOR CENTER USE ONLY – All 3 sections and the Effective Month of Determination must be completed

Section 1: Basis of Determining Eligibility (A or B)	Section 2: Eligibility Determination	Section 3: Determining Official's Initials & Approval Date
A. Household Size & Income Total Household Size _____ *Total Income \$ _____ / _____ <small>(\$ Amount) (Time Period)</small>	<input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Non-Needy	_____ **Effective Month of Determination _____ Month/Year
B. Benefits/Foster <input type="checkbox"/> FoodShare WI <input type="checkbox"/> W-2 Cash Benefits <input type="checkbox"/> FDIPIR <input type="checkbox"/> Foster Child(ren)		

*Convert to yearly income only when multiple pay frequencies are reported: Weekly x 52; Every 2 weeks x 26; Twice a month x 24; Monthly x 12

**This form expires one year from the Effective Month of Determination.



Parent/Guardian Instructions:

Complete a separate form for each enrolled child. In the spaces below, fill in all information requested. For the days and hours normally in care, if the child is school age, report the hours in care both before and after school. If your schedule fluctuates, please explain in the "Additional Information" section. If you are uncertain what meals your child will participate in, consult with your child care center. CACFP regulations require that each child's enrollment information be updated annually.

Child Care Center Name St. John's Child Development Center	Child's Name	Child's Date of Birth <i>Mo./Day/Yr.</i>
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HOURS AND MEALS WHILE IN CARE

Days Normally in Care <i>Check all that apply</i>	Hours Normally in Care				Meals Normally Received While in Care <i>Check all that apply.</i>					
	From	To	From	To	Breakfast	AM Snack	Lunch	PM Snack	Supper	Evening Snack
<input type="checkbox"/> Sunday	-	-	-	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Monday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Tuesday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Wednesday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Thursday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Friday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Saturday	-	-	-	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Information if Your Child's Schedule Varies

INFANT MEAL NOTIFICATION

To be completed for children under 12 months
 Refer to back of form for CACFP Meal Pattern Information

Use of Formula
 I accept I decline The child care center offers Similac Iron fortified infant formula.
(Center must write in the name of formula offered)

I understand the child care center will supply infant cereal and other foods for infants 4 months and older as they are developmentally ready according to the CACFP requirements. Infant foods include fruits/vegetables, meat/meat alternates, enriched bread or snack crackers, and 100 percent full strength juice that are creditable to the USDA Infant Meal Pattern. Parents may prefer to supply their own formula, cereal, and/or developmentally appropriate foods compliant with CACFP requirements.

Infant Food/Cereal Options Breastfeeding Options *Check one if appropriate*

I prefer to have the center supply infant cereal and infant foods for my child when developmentally appropriate. I will supply breast milk and have the center supplement formula if necessary.

I will supply infant cereal and infant foods for my child when appropriate. I will supply breast milk and/or formula.

SPECIAL DIETARY NEEDS

Does Your Child Have a Special Dietary Need(s) That Differs From the Meal Pattern Requirements? No Yes

If **yes**, you must provide documentation to the center that has been completed by your child's health care provider detailing what food(s) to omit and food(s) to serve as a substitute; the exception to this rule is for nondairy milk substitutes (i.e., soy milk) that are nutritionally equivalent to milk, which only require a written statement from you. Consult with your child care center for approved milk substitutes. The center is not required to supply the substitution(s).

If your child's special dietary need(s) is the result of a disability, you must provide documentation to the center that has been completed by your child's licensed physician detailing your child's disability, an explanation of why the disability restricts your child's diet, the major life activity affected by the disability, and the food(s) to omit and food(s) to serve as a substitute. The center must offer to supply the substitution(s) if your child's special dietary need is the result of a disability.

ETHNIC AND RACIAL DATA INFORMATION—OPTIONAL

Ethnicity <i>Check one</i>		Race <i>Check all that apply</i>				
Hispanic/Latino	Not Hispanic/Latino	American Indian/ Alaska Native	Asian	Black/African American	Native Hawaiian/Other Pacific Islander	White
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature of Parent/Guardian ➤	Original Completion Date <i>Mo./Day/Yr.</i>	2 nd Year Update Initials	2 nd Year Update <i>Mo./Day/Yr.</i>	3 rd Year Update Initials	3 rd Year Update <i>Mo./Day/Yr.</i>
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