



2011-2012 Confidential Income Statement (CIS)

PART 1. All Household members

**If ALL children listed below are foster children, complete Part 1, then skip to Part 5 to sign this form.*

Names of ALL household members (First, Middle Initial, Last)	Center or Provider Name for Each Child	Birthdate of children (month/day/yr)	Foster Child	Check if approved for PFD Issued in 10/2010	Check if approved for PFD Issued in 10/2011
				<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 2. Benefits

If any member of your household receives [State SNAP], [FDPIR] or [State TANF], provide the name and case number for the person who receives benefits and skip to Part 5. **If NO ONE receives these benefits, skip to Part 3.**

Name: _____ Case Number: _____

PART 3. If any child is enrolled in Early Head Start, Head Start, or receives free or reduced meals at school check the appropriate box. [Document by including letter from EHS/HS/or School]

Early Head Start Head Start Free Meals at School Reduced Meals at School

PART 4. Total Household Gross Income. You must tell us how much and how often.

Name (List ALL Adults and children in the household with income.)	Gross income how often it was received <i>A=Annual; W=Weekly; E2=Every 2 Weeks; T=Twice A Month or M=Monthly</i>			
	Earnings from Work before deductions	Welfare, Child support, Alimony	Pensions, Retirement, Social Security	All Other Income
<i>EXAMPLE - Jane Smith</i>	<i>\$199.99/ Weekly</i>	<i>\$149.99/ Every 2 weeks</i>	<i>\$99.99 / Monthly</i>	<i>\$2,500/ Annual</i>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____

PART 5. Signature and Last four digits of SSN (An adult household member must sign the application.)

If Part 4 is completed, the adult signing the form also must list the last four digits of their Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

Sign here: _____ Print name: _____ Date: _____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip: _____ Families w/children in family day care homes:
 I allow my FDCH provider to collect this form

Last four digits of Social Security Number: * * * *- * * - _____ I do not have a Social Security Number

PART 6. Children's Ethnic and Racial Identities (Optional)

Choose one ethnicity:

- Hispanic/Latino
 Not Hispanic/Latino

Choose one or more (regardless of ethnicity):

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

This section is for the child care center or family day care home sponsoring organization use only

Write the total number of household members in the boxes below who qualify for PFD. Write 0 if none qualify.
 Only use one year when calculating income. Use the year which corresponds with the date the CIS is completed below.

CIS completed BY December 31, 2011

CIS completed January 1, 2012 or AFTER

Use PFD issued October 2010

Use PFD Issued October 2011

Total household members receiving PFDs _____ x \$1,281.00 = _____ (issued October 2010)

Total household members receiving PFDs _____ x \$.00 = _____ (issued October 2011)

ELIGIBILITY by INCOME:

If there is more than one sequence of income or if the household received any PFDs you must convert all income to annual. (i.e. \$200/T, \$150/M, \$200/M & PFDs = Annual Conversion)

If there is only one sequence of income and the household did not receive any PFDs then you must keep the income at the sequence received. (i.e. \$200/T, \$100/T= No conversion necessary- keep at T)

List the income by sequence from first page:

Total Income by Category:	Conversion to Annual:
A-Annual: _____	x 1 = _____
M-Monthly: _____	x 12 = _____
T-Twice Per Month: _____	x 24 = _____
E2-Every 2 Weeks _____	x 26 = _____
W-Weekly _____	x 52 = _____

TOTAL HOUSEHOLD INCOME: \$ _____

Check the sequence of income from above:

Annual Monthly Twice Per Month Every 2 Wks Weekly

Total Income from above: \$ _____

PFD income: \$ _____

TOTAL INCOME: \$ _____

Household size: _____

OR ELIGIBILITY by CATEGORICAL DOCUMENTATION:

Check category from 1st page – must have case number or documentation from Head Start agency or school

Household Eligible:

SNAP/Food Stamp Household ATAP/TANF Household
 FREE at School REDUCED at School

Individual Eligibility:

Head Start (only applies to enrollee)
 Foster Child(ren)

DETERMINATION:

SPONSORS OF CENTERS: Free Reduced Price Over Income

SPONSORS OF FAMILY DAY CARE HOMES:

Income Eligible for Tier I Rates Yes- Eligibility Dates: _____ to _____ Approved for Own? Yes No
 No - Reason for denial: Income too high Incomplete documentation
 Other _____

Determining Official's Signature _____ Date _____