

Household application for Tier 1 Determination in Tier II Family Day Care Homes

Part 1. Enrolled children's information. Attach NS-301-H.a. to list more children			Part 2. Enter Master Case Number if household qualifies for SNAP, TANF or FDPIR <i>Note: Social Security numbers, Medicaid numbers and EBT numbers are not accepted.</i> Master Case Number:
Child's Last Name, First Name	Date of Birth M / D/ Y	Date Enrolled M / D/ Y	

Part 2b. You may list other State or Federal Programs in which you or your child participate that meet the CACFP income Guidelines. These programs are listed in the attached letter.

Program Name: _____ **Master Case Number:** _____

Part 3. Foster Children	Date of Birth M / D/ Y	Date Enrolled M / D/ Y	Foster Child's personal use income
			\$

Part 4. Household Income – Complete Part 4 if you did not complete Part 2.

Names of all household members not listed above unless they have income	GROSS INCOME BEFORE ANY DEDUCTIONS (Net for Self Employed) <i>Frequency of pay: W=Weekly E2=Every 2 weeks 2M=Twice monthly M=Monthly Y=Yearly</i>					Check if Zero income
	Earnings from Work	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security	All other incomes		
	How much? / Frequency?	How much? / Frequency?	How much? / Frequency?	How much? / Frequency?		
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>

Part 5. Signature – The adult household member who fills out the application must sign below.

If Part 4 is completed, the adult signing the form must also list the last four digits of his or her 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.) If you have given a case number in Part 2 or if this application is only for a foster child, a social security number is not needed.
I certify that all information on this application is true and that all income is reported. I understand that the center will get Federal funds based on the information I give. I understand that state 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:
Social Security Number (Last 4 digits):	Street Address:
<input type="checkbox"/> I do not have a Social Security Number	City/State/Zip:
Date signed:	Telephone:

Part 6: (Optional) Racial / Ethnic identity of children listed above.

Mark one ethnic identity:	Mark one or more racial identities:	
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> American Indian or Alaska	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander Native
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> White
	<input type="checkbox"/> Black or African American	

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Total Household Size: _____ Tier 1 Eligible:

Total Annual Income: _____

SNAP/TANF/FDPIR/OTHER: Not eligible:

Foster Child:

Signature of Sponsor Official

Date of Signature

Effective Date