

**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)	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"/>												

**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
<b>A. Household Size &amp; Income</b> Total Household Size _____  *Total Income \$ _____ / _____ <small>(\$ Amount)      (Time Period)</small>	<b>B. Benefits/Foster</b> <input type="checkbox"/> FoodShare WI <input type="checkbox"/> W-2 Cash Benefits <input type="checkbox"/> FDIPIR <input type="checkbox"/> Foster Child(ren)	<input type="checkbox"/> Free  <input type="checkbox"/> Reduced  <input type="checkbox"/> Non-Needy	_____  <b>**Effective Month of Determination</b>  _____ Month/Year

\*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.