**Instructions for Providers**
**Provider Income Eligibility Statement**

**If you are applying for foster child(ren) only, follow these instructions:**

Part 1: Do not complete.
Part 2: List name, age, and birth date of foster child(ren); check the box for foster child.
Part 3: Sign and date the form. The last four digits of a Social Security number are not necessary.

**If your household receives Food Assistance Program (FAP), Family Independence Program (FIP), or Food Distribution Program on Indian Reservations (FDPIR) benefits, follow these instructions:**

Part 1: List the name and case number for any household member (including adults) receiving FAP, FIP, or FDPIR.
Part 2: List the name, age, and birth date for all children enrolled in day care.
Part 3: Sign and date the form. A Social Security number is not necessary.
Note: If you are a current Tier II provider, you must include supporting documentation to verify your active case number.
Note: Benefits received under Medicaid, WIC, or Department of Health and Human Services (DHHS) Child Care Assistance Program (where DHHS pays a portion of your child care expense) does not automatically qualify for Tier I meal reimbursement to your provider.

**All other households, including households where some of the children are foster children, follow these instructions (not required if household is over the income limits and don't have any foster children):**

Part 1: Do not complete.

Part 2: List the names and ages of everyone (related or not related) living in your household, including you, other adults and children (If you need more space, use a separate sheet of paper)

Place a X in the column for all children enrolled in child care

List household members' ages and dates of birth

Place a X in the next column if children in the household are foster children

If no case number is indicated in Part 1, list (by person) the amount and source of income that person receives and the frequency the income is received. List earnings **before** deductions, welfare benefits, child support or alimony or any other income including retirement, Social Security, Supplemental Security Income (SSI), Veteran's (VA) benefits, disability benefits, Worker's Compensation, unemployment, strike benefits, regular contributions of people who do not live in your household or any other income

Place a X in the box for those listed who do not have any income

If you are in the Military Housing Privatization Initiative or receive Combat Pay, do not include the housing allowance as income

Foster child payments received by the family from the placement agency are not considered income and do not have to be reported. The presence of a foster child in a family does not make all children in the household automatically eligible for Tier I meal reimbursement

If you are a farmer or self-employed, income is gross farm or business income received in the month prior to application minus farm or business expenses. Gross wages from other jobs or income from other sources must also be listed as income. A loss from self-employment must be listed as zero income and cannot reduce other income

If you are a current Tier II provider, you must include documentation to verify all reported household income

**Help Determing Annualized Income**

If your household receives income at different frequencies (i.e. one person may receive monthly retirement income and another may receive weekly pay checks) then all income must be annualized. Use the following chart to annualize income:

If paid every week, multiply the total gross income by 52
If paid every two weeks, multiply the total gross income by 26
If paid once a month, multiply monthly income by 12
If paid twice a month, multiply the total gross income by 24
If paid once a year, enter yearly income amount

Part 3: Sign and date the form and list the last four digits of your Social Security number or check the Box indicating "I do not have a Social Security number."

Return the completed application to the Family Day Care Home Sponsor.

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