

PROVIDER INCOME ELIGIBILITY STATEMENT

PROVIDER NAME: _____

LICENSE or ID #: _____

RETURN THIS COMPLETED FORM TO: Vibrant Futures 233 FULTON St East, SUITE 107, GRAND RAPIDS, MI 49503-3262

(800) 448-6995

PART 1 – Households Receiving Food Assistance Program (FAP), Family Independence Program (FIP), or Food Distribution Program on Indian Reservations (FDPIR)

If any member of your household receives FAP (SNAP), FIP (TANF), or FDPIR, provide the name and case number for the person who receives the benefits. In PART 2 list the name, age, and birth date of all children Enrolled in Child Care and make sure to check the box.

Name: _____ Program (circle): FIP FAP FDPIR Case # (not a Bridge Card #): _____

PART 2 – Household Information – No FIP, FAP, FDPIR # in PART 1, then you must complete PART 2 and PART 3

First and Last Names of All Household Members, Related and Unrelated, Including Yourself	Enrolled for Child Care (x)	Age	Birth Date	Foster Child (x)	Amount of Earnings from Work (before deductions)	How Often? (x)					Amount of Welfare, Child Support, or Alimony	How Often? (x)					Amount of All Other Income (Indicate source and amount)	How Often? (x)					Mark if No Income (x)	
						W	B	2	M	A		W	B	2	M	A		W	B	2	M	A		
						e	I	x	o	n	e	I	x	o	n	e	I	x	o	n				

PART 3 – All Households: Signature and Last Four (4) Digits of Adult Social Security Number (Adult household member MUST sign and date)

I certify that all information on this form is true and that all income is reported. I understand that federal funds are based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.

Signature: _____ Print Name: _____ Date: _____ Phone #: _____

Last four digits of Social Security Number: **XXX-XX-**

I do not have a Social Security Number

For Institution Use Only		APPROVED CATEGORY	
Total Household Members:	Total Income: \$	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> 2x Month	<input type="checkbox"/> Monthly <input type="checkbox"/> Annually
Sponsor Signature: _____		Approval Date: _____	
		Categorical Eligible: (Tier I): Foster FIP FAP FDPIR Income Eligible: Tier I Tier I and provider's own Denied	

**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 Child Care and make sure to check the box.
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, Women, Infants and Children (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 an X in the column for all children enrolled in child care;

List household members' ages and dates of birth;

Place an 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; and

Place an 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.

- 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."

Help Determining 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, use the total gross monthly income.
- If paid twice a month, multiply the total gross income by 24.
- If paid once a year, enter yearly income amount.

Return the completed statement to Vibrant Futures

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: [USDA Program Discrimination Complaint Form \(https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf\)](https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf), from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or (2) **fax:** (833) 256-1665 or (202) 690-7442; or (3) **email:** program.intake@usda.gov. This institution is an equal opportunity provider.