HOUSEHOLD SIZE-INCOME STATEMENT (HSIS)

For Establishing Tier 1 Eligibility for Children Enrolled in Tier 2 Homes: An adult household member must return this completed form to the sponsoring organization or your home provider upon his/her consent.
Refer to the accompanying *Provider Letter* for instructions on completing this form.

First and Last Name(s) of Enrolled Child(ren)	Sponsoring Organization	Provider Name/Number

PART 1: BENEFITS

If no one receives these benefits, skip to PART 2.

If any member of your household currently receives benefits from: **Check the box for the benefit received AND list the case number**

- **FoodShare Wisconsin (10 digit #)** ☐ _ _ _ _ _ _ _ _ _ _
- **Wisconsin Works(W-2) Cash Assistance (10 digit #)** ☐ _ _ _ _ _ _ _ _ _ _
- **FDPIR (9 digit #)** ☐ _ _ _ _ _ _ _ _ _
- *Circle benefit received:* **WIC, Respite Care, or TEFAP** ☐ _____

- DO NOT list a 16 digit Quest Card number for FoodShare
- Wisconsin Shares Child Care Subsidy benefits is NOT W-2 Cash Assistance.

PART 2: TOTAL HOUSEHOLD SIZE AND INCOME (Complete a, b, and c)

If you completed PART 1, you do not need to list household and income information below.

a) List full names of all household members below, including yourself and all children.

Household Member: anyone who is living with you and shares income and expenses, even if not related.

b) List all income on the same line as the person who receives it.
- Record each income source only once.
- Check the box for how often each income source is received.

Household Members	(Optional) Age	Check if Foster Child	Check if No Income	Gross wages, Net income (self-employed), Commission, Tips, Cash bonuses, Military pay & allowances for off-site housing/food/clothing, Work comp, strike ben., Unemployment	Weekly	Every 2 Weeks	Twice per Month	Monthly	Annually	Pensions, Retirement Social Security, VA benefits, SSI, Disability, Child Support, Adoption assistance, Alimony	Weekly	Every 2 Weeks	Twice per Month	Monthly	Annually	Private pensions, Trusts/estates, Annuities, Investments, Interest, Net rental income, Savings withdrawals, Any other income	Weekly	Every 2 Weeks	Twice per Month	Monthly	Annually
		☐	☐	$	☐	☐	☐	☐	☐	$	☐	☐	☐	☐	☐	$	☐	☐	☐	☐	☐
		☐	☐	$	☐	☐	☐	☐	☐	$	☐	☐	☐	☐	☐	$	☐	☐	☐	☐	☐
		☐	☐	$	☐	☐	☐	☐	☐	$	☐	☐	☐	☐	☐	$	☐	☐	☐	☐	☐
		☐	☐	$	☐	☐	☐	☐	☐	$	☐	☐	☐	☐	☐	$	☐	☐	☐	☐	☐
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		☐	☐	$	☐	☐	☐	☐	☐	$	☐	☐	☐	☐	☐	$	☐	☐	☐	☐	☐

c) Record total # of household members: _____

PART 3: ALL HOUSEHOLDS

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 (promise) that all information on this form is true, and that all income is reported unless eligibility is established by receiving FoodShare, W-2 Cash Assistance, FDPIR, WIC, Respite Care, and/or TEFAP. I understand that this information is given in connection with the receipt of Federal funds, and that CACFP officials may verify the information. I am aware that if I purposely give false information, my provider may lose meal benefits and I may be prosecuted 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#) ***-**-_ _ _ _ ☐ None

_____ **Initial here if you have provided consent to your home provider for collecting and forwarding your completed HSIS to the sponsor with the understanding that the home provider is not allowed to review your completed HSIS. If you choose to not provide this consent, please email, mail, or fax your completed HSIS directly to the sponsor using the contact information listed in the Parent/Guardian Letter provided with this form.**

Address	Daytime Phone Number	Email

FOR SPONSORING ORGANIZATION USE ONLY – All 3 sections and the *Effective Month of Determination* must be completed

1) Basis of Determining Eligibility *(A or B)*

A. *Household Size & Income*

Total Household Size _____

***Total Income $**_____/_____
($ Amount) *(Time Period)*

B. *Benefits/Foster*

☐ **Receives ≥ 1 of the 6 Qualifying Benefits**

☐ **Foster Child(ren)**

2) Eligibility Determination

☐ **Tier 1 Eligible**

☐ **Tier 2 Eligible**

3) Determining Official's Initials & Approval Date

_____

****Effective Month of Determination**

_____
Month/Year

*Convert to yearly income only when multiple pay frequencies are reported, using only these multipliers:

Weekly x 52	Twice a month x 24
Every 2 weeks x 26	Monthly x 12

**This form expires one year from the *Effective Month of Determination*.

THE CHILD AND ADULT CARE FOOD PROGRAM (CACFP) For Establishing Tier 1 Eligibility for Children Enrolled in Tier 2 Homes – FFY 2019

PARENT/GUARDIAN LETTER

Rev. 6/18

Dear Parent/Guardian:

Your child(ren) is enrolled for child care services with the home provider listed to the right. This provider has been approved to receive CACFP funding for meals served to children through: **Horizons Unlimited, Inc.**

Provider Name: **Provider Number:**

This sponsoring organization is approved by WI Department of Public Instruction (DPI) for distributing CACFP meal reimbursement to home providers issued from the United States Department of Agriculture (USDA).

Higher meal reimbursement (Tier 1) rates may be paid to your home provider for the meals she/he serves to your children when your household receives the specified benefits or meets the criteria listed below OR has a total income equal to or lower than the amount shown for your household size within the table below.

Please complete and return the attached Household Size-Income Statement form (HSIS) for the sponsoring organization to determine which meal reimbursement rate will be paid to your home provider for the meals she/he serves to your child(ren). Only one completed HSIS is required for all children in your household. If your household does not meet the eligibility criteria, we would appreciate you returning the HSIS with "N/A" written on it along with your signature and date.

If determined as eligible for Tier 1 meal rates, your children will remain eligible for a period not to exceed 12 months, regardless of any change in household size and/or income or termination from Benefits Programs during this 12 month period. This information will be kept confidential.

➢ **Please note that you are not required to return a completed HSIS in order for your children to participate in CACFP.**

Determining Eligibility based on Participation in Benefits Programs → *Complete Part 1 and Part 3 of HSIS form*

Your home provider will receive Tier 1 meal reimbursement rates for the meals she/he serves to your children if your household receives benefits from FoodShare WI (the Supplemental Nutrition Assistance Program (SNAP)), FDPIR (Food Distribution Program on Indian Reservations), W-2 (Wisconsin Works) Cash Assistance Program, WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children), Respite Care, and/or TEFAP (the Emergency Food Assistance Program).

- **W-2 Cash Assistance is Wisconsin's Temporary Assistance for Needy Families (TANF) program. It provides temporary cash assistance through work placement and training programs and IS NOT the Wisconsin Shares Child Care Subsidy Program.** The W-2 Program includes Trial Employment Match Program (TEMP), Community Service Jobs (CSJ), W-2 Transitions (W-2 T), Custodial Parent of an Infant (CMC), and At Risk Pregnancy (ARP).

You must include the following information on the HSIS (a-c) for eligibility based on receiving benefits from FoodShare WI, FDPIR, W-2 Cash Assistance, WIC, Respite Care, or TEFAP:

(a) The names of your enrolled children;
(b) Checked box for the benefit your household receives and its case number; and
(c) The signature of an adult household member and signature date

- DO NOT list case numbers for: Medicaid, SSI, OR Wisconsin Shares Child Care Subsidy program AND
- DO NOT list the 16 digit Quest Card number for FoodShare WI

Determining Eligibility by Household Size and Income → *Complete Part 2 and Part 3 of HSIS form*

Household-Size Income Scale (Effective July 1, 2018 to June 30, 2019)

Household Size	Annual Income Level (at or below)
1	$ 22,459
2	$ 30,451
3	$ 38,443
4	$ 46,435
5	$ 54,427
6	$ 62,419
7	$ 70,411
8	$ 78,403
For each additional Household Member, add:	+$ 7,992

If your household earns a total income that is less than or equal to the income levels listed within this table, your children will be eligible for Tier 1 meal reimbursement rates. **For determining eligibility based on your household size & income, you must include the following information on the HSIS (a-e):**

(a) Full names of all household members who share income & expenses, including children, parents, and non-related persons;
(b) Income received by each household member identified by source of income and its pay frequency;
(c) Total number of household members;
(d) The signature of an adult member of the household and signature date; and
(e) The last four digits of the social security number of the adult household member signing the HSIS or an indication he/she does not have a social security number.

- Disclosure of United States citizenship or immigration status is not required and is not a condition of eligibility for Tier 1 meal reimbursement rates.

Eligibilities of Foster, Runaway, Homeless, and Migrant Children, and Children enrolled in Head Start:

If your household does meet the eligibility criteria specified within this letter, any child residing in your home who is a foster, runaway, homeless, or migrant child, or is enrolled in Head start will qualify for Tier 1 meal reimbursement rates when the respective documentation listed below is provided. Please note that **these children's eligibility for Tier 1 meal reimbursement rates does not extend to any other children in your household.**

- **Foster Children:** Your completed HSIS with the 'Foster Child' box checked next to your foster children's names. When Including them on your HSIS completed for your non-foster children, any income reported for your foster children must only be for their personal use. Your foster children will then be eligible for Tier 1 meal reimbursement rates. Your non-foster children's eligibilities will be based on the benefits or income information provided on your household's completed HSIS.
- **Children Enrolled In Head Start:** Written certification of your child's Head Start enrollment eligibility period from the Head Start administering agency.
- **Runaway, Homeless, and Migrant Children:** Written certification of the child's status from an official of the appropriate Runaway and Homeless Youth Program, Migrant Education Program, or school official.
- **Free/Reduced-Priced Eligible for National School Lunch or School Breakfast Programs:** A copy of the Free/Reduced-Priced eligibility determination letter from the school.

Use of Information Statement: The Richard B. Russell National School Lunch Act requires the information on this form. You are not required to provide this information, but if you do not, your children will not be eligible for Tier 1 meal rates. You must include the last four digits of the social security number of the household member signing the form unless: the HSIS is only for your foster child(ren); you list a case number for receiving benefits listed above; or when the household member signing the HSIS checks "None" for not having a SS#.

Sharing Eligibility Information: Children's meal eligibility information may be shared, in accordance with disclosure protection requirements without prior notification, with education, health, and nutrition programs to assess their eligibility for benefits. The law allows us to share your children's eligibility information with programs such as Medicaid or BadgerCare for ensuring their access to free or low cost health insurance, **unless you tell us not to**. This information may only be used for determining eligibility for their programs; if your children are eligible, they may contact you to offer their enrollment options. Please note that filling out this HSIS does not automatically enroll your children in these programs. **If you do not want your information to be shared with these programs, please notify us in writing. This notification will not change whether your children's meals are eligible for meal reimbursement.** Your eligibility information provided on the HSIS may also be shared with auditors for program reviews and law enforcement officials for the purpose of investigating violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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; (2) Fax: (202) 690-7442; or (3) Email: program.intake@usda.gov

Submitting Completed HSIS for Eligibility Determination: You must submit your completed HSIS for the sponsor to make an eligibility determination. Your home provider may offer to collect the completed HSIS from the families of his/her enrolled children and then forward them to the sponsor for making eligibility determinations. If the home provider offers to collect the completed HSIS, **you may choose to submit your completed HSIS by either**:

- **Giving your completed HSIS to the home provider** with your written consent (by initialing the parental consent clause on the bottom of the HSIS) for him/her to forward your completed HSIS to the sponsor on your behalf; **OR**
- **Submitting the completed HSIS directly to the Sponsor** by email, regular mail, or fax to the sponsor at:

Horizons Unlimited, Inc.	horizonsfoodprogram1991@gmail.com	PO Box 10384 Green Bay, WI 54307	Fax #: 920-462-4871

Horizons Unlimited, Inc. is not allowed to share any of your children's eligibility information or the resulting eligibility determination with your provider.

If you have any questions or concerns, please call Jenna Van Den Wildenberg with Horizons Unlimited, Inc. at 920-462-4805.

Jenna Van Den Wildenberg **Signature of Sponsor Representative**

This institution is an equal opportunity provider.