



Denton City County Day School

- est. 1952 -

Re-Enrollment Packet

1603 Paisley, Denton, Texas 76209

940-382-6485

940-381-2418 fax

dccds@verizon.net

Checklist

- **Completed re-enrollment forms with required signatures**
- **Updated Immunization and Doctors Health Statement**
- **Hearing and Vision screened results for 4 years and older**
- **Income Verification (copy of two current paystubs or yearly tax forms for CACFP Food Program Eligibility)**
- **Re-enrollment Fee of \$50.00**

Partners



Directions: Denton City County Day School (DCCDS) gives this form to the child's parent or guardian. The parent or guardian completes the form in its entirety and returns it to DCCDS for re-enrollment. DCCDS keeps the form on file at the child care facility.

GENERAL INFORMATION

Operation Name: Denton City County Day School		Date of Admission	Date of Withdrawal:
Child's Full Name:		Child's Date of Birth	Child Lives With: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Guardian
Parent/Guardian Education: <input type="checkbox"/> High School <input type="checkbox"/> GED <input type="checkbox"/> Some College <input type="checkbox"/> Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters +			
Child's Home Address:			
Name of Parent or Guardian Completing Form:		Address of Parent or Guardian (if different from child)	
List telephone numbers below where parents/guardian may be reached while child is in care:			
Parent 1 Telephone No.	Parent 2 Telephone No.	Guardian's Telephone No.	Custody Documents on File: <input type="checkbox"/> Yes <input type="checkbox"/> No
My child will normally be in care the following times from _____ to _____ on the days marked.			Mark the days your child will be attending: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday
MEALS I understand that the following meals will be served to my child while in care: <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Afternoon Snack			
Has anyone CHANGED on your EMERGENCY CONTACTS? Give the name, address and phone number of the responsible individual to call in case of an emergency if parents/guardian cannot be reached:			Relationship
Has anyone CHANGED on your Pick-Up List? List here ONLY if you would like to ADD someone on your pick up list. I authorize DCCDS to release my child to leave the child care operation with the following persons added to my current pick up list. Children will be only released to an adult (over age of 18).			
Name and Relationship:	Phone No.:	DOB:	State and Drivers License #
Name and Relationship:	Phone No.:	DOB:	State and Drivers License #

Parent/Legal Guardian Signature _____

Date: _____

CONSENT INFORMATION

CHECK ALL THAT APPLY:

PHOTO PERMISSION

I give consent for my child's picture and/or video to be published on the following: Social Media School Website Promotional Materials & Advertisements

I do not give consent for my child's pictures to be used publicly. **Only for classroom portfolio purposes.**

WATER ACTIVITIES

I give consent for my child to participate in the following water activities:

water table play sprinkler play splash/wading pools aquatic playgrounds

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:

In the event of a medical emergency and a parent cannot be reached to make arrangements for emergency medical attention, I authorize the facility director or person in charge to take my child to:

Name of Doctor:	Address:	Phone#:
_____	_____	_____
Name of Emergency Care Facility:	Address	Phone#
_____	_____	_____
Insurance Company: _____ Policy #: _____		

I give my consent for necessary emergency treatment when my child is in the care of this physician and/or hospital.

Signature of Parent or Legal Guardian

CONSENT TO ADMINISTER EMERGENCY SERVICES

It is the responsibility of Denton City County Day School to issue the following statement as part of the school's policy:

In case of emergency, Denton City County Day School (DCCDS) will act as parent or guardian of each child while he/she is under the care of DCCDS. This means that DCCDS staff will, in good faith, act in the child's best interest by notifying emergency services of a serious or life-threatening condition. Notification of emergency services will result only if DCCDS staff, in their sole discretion, judge that the child's health or well-being is threatened for any reason.

Your signature below shall act to indemnify and hold DCCDS harmless from any claims that arise out of the use of this authorization, and will act to authorize DCCDS to take such action as it deems necessary, in its sole discretion, to protect your child in the case of a serious or life threatening condition. Further, DCCDS is not assuming liability for any fees or charges that result from such action, including emergency room bills, emergency transport bills, or hospital or doctors' fees. All such fees shall continue to be the responsibility of the parent and parent shall indemnify DCCDS for any such fees.

I, agree to the terms of the above school policy. In signing, I agree to allow Denton City County Day School to act as parent or guardian of my child in case of emergency.

Signature of Parent or Guardian

Date

Child's Name: _____

Medical Information:

List any **special needs** that your child may have, such as environmental allergies, food intolerances, existing illness, previous serious illness, injuries and hospitalizations in the past 12 months, any medications prescribed for long term continuous use, and any other information that is pertinent for caregivers to be aware of:

Medications must have the medication form filled out by the parent, be in original container containing prescription label with the child's name clearly marked. We **ARE NOT** able to give a child **NON-Prescribed medications**.

Does your child have diagnosed food allergy or medical condition? Yes No

Plan on file at child care facility? _____ **Allergy Plans must be on file for all children with diagnosed allergies. A physician's note including listed allergy (ies), signs and symptoms and treatments must be included in the plan.**

Does your child have any dietary restrictions, including those for medical, religious or cultural reasons?

Does this dietary restriction require a modified diet that eliminates all types of fluid milk or an entire food group? **If your child has special dietary needs, as prescribed medically, and not able to have the food provided by the school, parents will be responsible to send prescribed nutritional food for their child.**

Does your child have emotional, behavioral or physical needs? (Speech, hearing loss, learning disability, or other special diagnosis) Yes – explain _____

HEALTH CARE PROFESSIONAL STATEMENT

1. **HEALTH-CARE'S PROFESSIONAL STATEMENT: I have examined the above-named child within the past year and has been found free of contagious disease and may participate in all school activities.**

_____ Health Care Professional's Signature _____ Date

2. **A signed, and dated copy of a health care professionals' statement is attached.**

3. **Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a dated and signed affidavit stating this.**

Sight and hearing screenings: For children age 4 years old

VISION	R 20/ _____	L 20/ _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL	
SIGNATURE _____	DATE _____			
HEARING	1000 Hz	2000 Hz	4000 Hz	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
R				
L				
SIGNATURE _____	DATE _____			

A copy of the child's current shot record must be attached to this form. Up-to-date immunizations are required by state licensing in order to attend Denton City County Day School.

Denton City County Day School 1603 Paisley St., Denton, Texas 76209 940-382-6482

Dear Parent/Guardian:

This letter is intended for parents or guardians of children enrolled in a child care center. **Denton City County Day School** offers healthy meals to all enrolled children as part of our participation in the U.S. Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP). The CACFP provides reimbursements for healthy meals and snacks served to children enrolled in child care. Please help us comply with the requirements of the CACFP by completing the attached Meal Benefit Income Eligibility Form. In addition, by filling out this form, we will be able to determine if your child(ren) qualifies for free or reduced price meals.

1. Do I need to fill out a Meal Benefit Form for each of my children in day care? You may complete and submit one CACFP Meal Benefit Income Eligibility Form for all children enrolled in child care in your household only if the children in child care are enrolled in the same center. We cannot approve a form that is not complete, so be sure to read the instructions carefully and fill out all required information. **Return the completed form to: [(Name of Center, address, phone number)].**

2. Who can get free meals without providing income information? Children in households getting Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamps), Temporary Assistance for Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR) can get free meals. Foster children (reference question #8 for more information on foster children) and children enrolled in a Head Start Program (HSP), Early Head Start Program (EHSP), or Even Start Program (ESP) and have not entered kindergarten) are also eligible for free meals. Households with children enrolled in a HSP, EHSP or ESP can provide a certification letter from the program of the child's enrollment and do not need to complete the CACFP Meal Benefit Income Eligibility Form.

3. Who can get reduced price meals? Your children can get low cost meals if your household income is within the reduced price limits on the Income Chart, sent with this application. Children in households participating in WIC may be eligible for reduced price meals.

4. May I fill out a form if someone in my household is not a U.S. citizen? Yes. You or your children do not have to be U.S. citizens to qualify for meal benefits offered at the child care center.

5. Who should I include as members of my household? You must include everyone in your household (such as grandparents, other relatives, or friends who live with you) who shares income and expenses. You must include yourself and all children who live with you. You also may include foster children who live with you.

6. How do I report income information and changes in employment status? The income you report must be the total gross income listed by source for each household member received last month. If last month's income does not accurately reflect your circumstances, you may provide a projection of your monthly income. If no significant change has occurred, you may use last month's income as a basis to make this projection. If your household's income is equal to or less than the amounts indicated for your household's size on the attached Income Chart, the center will receive a higher level of reimbursement. Once properly approved for free or reduced price benefits, whether through income or by providing a current SNAP, TANF, FDPIR case number, you will remain eligible for those benefits for 12 months. You should notify us, however, if you or someone in your household becomes unemployed and the loss of income causes your household income to be within the eligibility standards.

7. What if my income is not always the same? List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you only get it sometimes.

8. What if I have foster children? Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income. Households may include foster children on the Meal Benefit Form, but are not required to include payments received for the foster child as income. Households wishing to apply for such benefits for foster children can provide the Texas Department of Family and Protective Services Form 2085FC, *Placement Authorization Foster Care/Residential Care*, to their child's caregiver and do not need to complete the CACFP Meal Benefit Income Eligibility Form.

9. We are in the military, do we include our housing and supplemental allowances as income? If your housing is part of the Military Housing Privatization Initiative and you receive the Family Subsistence Supplemental Allowance, do not include these allowances as income. Also, in regard to deployed service members, only that portion of a deployed service member's income made available by them or on their behalf to the household will be counted as income to the household. Combat Pay, including Deployment Extension Incentive Pay (DEIP) is also excluded and will not be counted as income to the household. All other allowances must be included in your gross income.

10. (Pricing program only) Will the information I give be verified? Maybe. We may ask you to send written proof to verify the information you submitted on the form. **What if I disagree with the decision about the information I complete on this form?** You can talk to the **Director** either in person or by telephone at **940-382-6485**. You may ask for a hearing by calling or writing to: **1603 Paisley, Denton, Texas 76209**

In the operation of child feeding programs, no person will be discriminated against because of race, color, national origin, sex, age or disability.

If you have other questions or need help, call **940-382-6485**.

Denton City County Day School
1603 Paisley
Denton, Texas 76209
940-382-6485

Nondiscrimination statement and complaint Filing Procedures

The U.S Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

Denton City County Day School operation meets the Americans with Disabilities Act (ADA), Title III. If you believe that DCCDS may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 voice or 800-514-0383 TTY.



2023-24 SELF-CERTIFICATION OF INCOME

INSTRUCTIONS: This is a statement from the beneficiary documenting the definition used to determine "Annual (Gross) Income", the household size (as applicable-based on the activity), and the household characteristics for the purpose of income determination. Adult beneficiary members must then sign this form to certify that the information is complete and accurate.

Parent's Last Name & First Initial: _____

Child's Name Attending DCCDS: _____

Address (City/St/Zip): _____

Household Size¹: _____ Annual Household Gross Income²: \$ _____

¹Household is defined as all the people in the housing unit that includes related and unrelated.

²Income is defined as total anticipated annual gross income of all household members expected in the next 12 months including wages, tips, commission, business income, alimony, child support; and Social Security, AFDC, TANF or other benefits)

Signature and Date: _____



Signature above certifies that this information is accurate and agree to provide, upon request, documentation on all income sources to the Agency.

RACE

- | | |
|---|---|
| <input type="checkbox"/> 1. White | <input type="checkbox"/> 6. American Indian / Alaska Native & White |
| <input type="checkbox"/> 2. Black/African American | <input type="checkbox"/> 7. Asian & White |
| <input type="checkbox"/> 3. Asian | <input type="checkbox"/> 8. Black/African American & White |
| <input type="checkbox"/> 4. American Indian/Alaska Native | <input type="checkbox"/> 9. American Indian/Alaska Native & Black/African Am. |
| <input type="checkbox"/> 5. Native Hawaiian / Other Pacifici Islander | <input type="checkbox"/> 10. Other Multi Racial |

ETHNICITY

- Hispanic
 Non-Hispanic

OTHER

- Female Head of Household
 Disabled

WARNING: The information provided on this form is subject to verification by HUD at any time, and Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government.

----- FOR OFFICE USE ONLY -----

Income Definition: Annual Income - HUD 24 CFR Part 5

Household Size: _____

Hispanic (Y/N): _____

Income Level: (See Table below) _____

Disabled Household (Y/N): _____

Race Category: (See above) _____

Female Head of Household (Y/N): _____

Household Size	Middle Income (NMI) +80%	Moderate Income (MI) 80%-50% AMI	Low Income (LI) 50%-30% AMI	Extremely Low Income (ELI) 30% AMI
1	above \$57,750	\$57,750-\$36,101	\$36,100-\$21,701	\$21,700 or below
2	above \$66,000	\$66,000-\$41,251	\$41,250-\$24,801	\$24,800 or below
3	above \$74,250	\$74,250-\$46,401	\$46,400-\$27,901	\$27,900 or below
4	above \$82,500	\$82,500-\$51,551	\$51,550-\$30,951	\$30,950 or below
5	above \$89,100	\$89,100-\$55,701	\$55,700-\$35,141	\$35,140 or below
6	above \$95,700	\$95,700-\$59,801	\$59,800-\$40,281	\$40,280 or below
7	above \$102,300	\$102,300-\$63,951	\$63,950-\$45,421	\$45,420 or below
8	above \$108,900	\$108,900-\$68,051	\$68,050-\$50,561	\$50,560 or below

Signature and Date: _____



I certify that this information is complete and accurate. I also certify that source documentation (income backup) may need to be collected by the City of Denton.



CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

Part 1. All Household Members				
Name of Enrolled Child(ren):				
Names of all household members (First, Middle Initial, Last)	CHECK IF A FOSTER CHILD (THE LEGAL RESPONSIBILITY OF A WELFARE AGENCY OR COURT) * IF ALL CHILDREN LISTED BELOW ARE FOSTER CHILDREN, SKIP TO PART 5 TO SIGN THIS FORM.			CHECK IF NO INCOME
	<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 2. Benefits: If any member of your household receives SNAP, TANF, or FDPIR, provide the name and case number for the person who receives benefits. If no one receives these benefits, skip to part 3. NAME: _____ CASE NUMBER: _____				
Part 3. (Applies only to parents/guardians with children enrolled in a day care home) If any member of your household receives benefits listed on the enclosed <i>List of Eligible Federal/State Funded Programs (H1660)</i> , provide the name of the program and case number: NAME: _____ CASE NUMBER: _____ Check here if no case number <input type="checkbox"/>				
Part 4. Total Household Gross Income—You must tell us how much and how often				
A. Name (List only household members with income) (Example) Jane Smith	B. Gross income and how often it was received			
	Note: Self-employed report income after expenses in box 1			
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA benefits	4. All Other Income
	\$200/weekly	\$150/twice a month	\$100/monthly	\$200/bi-monthly
	\$ ___/___	\$ ___/___	\$ ___/___	\$ ___/___
	\$ ___/___	\$ ___/___	\$ ___/___	\$ ___/___
	\$ ___/___	\$ ___/___	\$ ___/___	\$ ___/___
	\$ ___/___	\$ ___/___	\$ ___/___	\$ ___/___
	\$ ___/___	\$ ___/___	\$ ___/___	\$ ___/___
Part 5. Signature and Last Four Digits of Social Security Number (Adult must sign) An adult household member must sign this form. 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 next page.) <i>I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will get Federal funds 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.</i>				
Sign here: _____		Print name: _____		
Date: _____				
Address: _____		Phone Number: _____		
City: _____		State: _____		Zip Code: _____
Social Security Number: _____ - _____ - _____ <input type="checkbox"/> I do not have a Social Security Number				



CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

Part 6. Participant's ethnic and racial identities (optional)		
Mark one ethnic identity:	Mark one or more racial identities:	
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
	<input type="checkbox"/> Black or African American	
Part 7. Sharing Information With Other Programs: OPTIONAL		
The above information may be disclosed for the purpose of enrolling children in the Children's Health Insurance Program (CHIP). Parents/guardians are not required to consent to such disclosure and electing not to allow disclosure will not adversely affect a child's eligibility.		
<input type="checkbox"/> I do elect to allow my household information to be disclosed.		
<input type="checkbox"/> I do not elect to allow my household information to be disclosed.		
Don't fill out this part. This is for official use only.		
Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12		
Total Income: _____ Per: <input type="checkbox"/> Week, <input type="checkbox"/> Every 2 Weeks, <input type="checkbox"/> Twice A Month, <input type="checkbox"/> Month, <input type="checkbox"/> Year Household size: _____		
Categorical Eligibility: ___ Date Withdrawn: _____ Eligibility: Free ___ Reduced ___ Denied ___ Tier I ___ Tier II ___		
Reason: _____		
Determining Official's Signature: _____ Date: _____		
Confirming Official's Signature: _____ Date: _____		
Follow-up Official's Signature: _____ Date: _____		
Privacy Act Statement:		
The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The Social Security Number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for the participant or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced price meals, and for administration and enforcement of the Program.		
Non-discrimination Statement:		
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, audiotope, 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 .		
This institution is an equal opportunity provider.		

**INSTRUCTIONS FOR
CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM
(CHILD CARE)**

Follow these instructions, if your household gets SNAP, TANF or FDPIR:

- Part 1:** List all enrolled children and household members.
- Part 2:** List the case number for any household members (including adults) receiving SNAP or TANF or FDPIR benefits.
- Part 3:** Skip this part.
- Part 4:** Skip this part.
- Part 5:** Sign the form. The last four digits of a Social Security Number are **not** necessary.
- Part 6:** Answer this question if you choose.
- Part 7:** Answer this question if you choose.

If you are applying on behalf of a FOSTER CHILD, follow these instructions:

If **all** children you are applying for are foster children, or if you are only applying for benefits for the foster child:

- Part 1:** List all foster children. Check the box indicating that the child is a foster child.
- Part 2:** Skip this part.
- Part 3:** Skip this part.
- Part 4:** Skip this part.
- Part 5:** Sign the form. A Social Security Number is **not** necessary.
- Part 6:** Answer this question if you choose.
- Part 7:** Answer this question if you choose.

If some of the children in the household are foster children.

- Part 1:** List all enrolled children and household members. For any people, including children, with no income, you must check the "No Income Box." Check the box if the child is a foster child.
- Part 2:** If the household does not have a case number, skip this part.
- Part 3: Applies only to parents/guardians of children in Tier II Day Care Homes.** Sponsors must provide the *List of Eligible Federal/State Funded Programs (H1660)*, with this form to households with children enrolled in Tier II Day Care Homes. Parents/Guardians can enter the program name and number as applicable.
- Part 4:** Follow these instructions to report total household income from this month or last month.
 - Column A – Name:** List only the first and last name of **each** person living in your household who share income and expenses, related or not (such as grandparents, other relatives, or friends who live with you) with income. Include yourself and all children living with you. Attach another sheet of paper if you need to.
 - Column B – Gross Income and How Often it was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received – weekly, every other week, twice a month, or monthly.
 - Box 1:** List the **gross income**, not the take-home pay. Gross income is the amount earned before taxes and **other deductions**. **You should be able to find it on your stub or your boss can tell you.**
 - Box 2:** List the amount each person got from the month from welfare, child support, alimony.
 - Box 3:** List retirement, Social Security, Supplemental Security Income (SSI), Veteran's (VA) benefits, disability benefits.

Box 4: List ALL OTHER INCOME SOURCES including Worker's Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, and any other income. For ONLY the self-employed, report income after expenses in Box 1. Box 4 is for your business, farm or rental property. Do not include income from SNAP, TANF, FDPIR, WIC or Federal education benefits. If you are in the Military Housing Privatization Initiative or get combat pay, do not include this housing allowance as income.

Part 5: Adult household member must sign the form and list the last four digits of the Social Security Number or mark the box if s/he doesn't have one.

Part 6: Answer this question if you choose.

Part 7: Answer this question if you choose.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

Part 1: List all enrolled children and household members. For any people, including children, with no income, you must check the "No Income Box."

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Follow these instructions to report total household income from this month or last month.

Column A – Name: List only the first and last name of each person living in your household who share income and expenses, related or not (such as grandparents, other relatives, or friends who live with you) with income. Include yourself and all children living with you. Attach another sheet of paper if you need to.

Column B – Gross Income and How Often it was Received: For each household member, list each type of income received for the month. You must tell us how often the money is received – weekly, every other week, twice a month, or monthly.

Box 1: List the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your stub or your boss can tell you.

Box 2: List the amount each person got from the month from welfare, child support, alimony.

Box 3: List retirement, Social Security, Supplemental Security Income (SSI), Veteran's (VA) benefits, disability benefits.

Box 4: List ALL OTHER INCOME SOURCES including Worker's Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, and any other income. For ONLY the self-employed, report income after expenses in Box 1. Box 4 is for your business, farm or rental property. Do not include income from SNAP, FDPIR, WIC or Federal education benefits. If you are in the Military Housing Privatization Initiative or get combat pay, do not include this housing allowance as income.

Part 5: Adult household member must sign the form and list the last four digits of the Social Security Number or mark the box if s/he doesn't have one.

Part 6: Answer this question if you choose.

Part 7: Answer this question if you choose.

Privacy Act Statement: This explains how we will use the information you give us.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfai