

Household application for Tier 1 Determination in Tier II Family Day Care Homes

Part 1. Enrolled children's information. Attach NS-301-H.a. to list more children			Part 2. Enter Master Case Number if household qualifies for SNAP, TANF or FDPIR <i>Note: Social Security numbers, Medicaid numbers and EBT numbers are not accepted.</i> Master Case Number:
Child's Last Name, First Name	Date of Birth M / D / Y	Date Enrolled M / D / Y	
Part 3. Foster Children	Date of Birth M / D / Y	Date Enrolled M / D / Y	Foster Child's personal use income
			\$

Part 4. Household Income – Complete Part 4 if you did not complete Part 2.

Names of all household members not listed above unless they have income	GROSS INCOME BEFORE ANY DEDUCTIONS (Net for Self Employed) <i>Frequency of pay: W=Weekly E2=Every 2 weeks 2M=Twice monthly M=Monthly Y=Yearly</i>							Check if Zero income
	Last Name, First name	Earnings from Work	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security	All other incomes			
	How much? / Frequency?	How much? / Frequency?	How much? / Frequency?	How much? / Frequency?	How much? / Frequency?	How much? / Frequency?		
							<input type="checkbox"/>	
							<input type="checkbox"/>	
							<input type="checkbox"/>	

Part 5. Signature – The adult household member who fills out the application must sign below.

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 back of this page.) If you have given a case number in Part 2 or if this application is only for a foster child, a social security number is not needed.
I certify that all information on this application is true and that all income is reported. I understand that the center will get Federal funds based on the information I give. I understand that state officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

Sign here:	Print Name:
Social Security Number (Last 4 digits):	Street Address:
<input type="checkbox"/> I do not have a Social Security Number	City/State/Zip:
Date signed:	Telephone:

Part 6: (Optional) Racial / Ethnic identity of children listed above.

Mark one ethnic identity:	Mark one or more racial identities:
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander Native
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Asian <input type="checkbox"/> White
	<input type="checkbox"/> Black or African American

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Total Household Size: _____ Tier 1 Eligible:

Total Annual Income: _____ Not eligible:

SNAP/TANF/FDPIR/OTHER:

Foster Child:

Signature of Sponsor Official

Date of Signature

Effective Date

Exp. Date