

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?	
					<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>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.</i>					
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		<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

Expiration date