NS-300-H Fiscal Year 2022 Income Eligibility Form Revised 4/2021

Home Provider Application to Claim Meals Served to Own Children and/or Tier I Determination

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 *Note: Social Security numbers, Medicaid numbers and EBT numbers are not accepted.* **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)** *Frequency of pay*: **W**=Weekly **E2**=Every 2 weeks **2M**=Twice monthly **M**=Monthly **Y**=Yearly								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?	
									☐
									☐
									☐

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:
☐ 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:	
☐ Hispanic or Latino	☐ American Indian or Alaska	☐ Native Hawaiian or Other Pacific Islander Native
☐ Not Hispanic or Latino	☐ Asian	☐ White
	☐ Black or African American	

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Total Household Size: _____

Total Annual Income: _____

SNAP/TANF/FDPIR/OTHER: ☐

Foster Child: ☐

Tier 1 Eligible: ☐

Eligible to claim own: ☐

Verification Complete: ☐

Not eligible: ☐

Signature of Sponsor Official	**Date of Signature**	**Effective Date**	**Expiration date**