

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

|  |                            |                            |  |
|--|----------------------------|----------------------------|--|
| <b>Part 1.</b> Enrolled children's information. Attach NS-301-H.a. to list more children |                            |                            | <b>Part 2.</b> Enter Master Case Number if household qualifies for SNAP, TANF or FDPIR<br><i>Note: Social Security numbers, Medicaid numbers and EBT numbers are not accepted.</i><br><b>Master Case Number:</b> |
| Child's Last Name, First Name  | Date of Birth<br>M / D / Y | Date Enrolled<br>M / D / Y |  |
|  |                            |                            |  |
|  |                            |                            |  |
| <b>Part 3.</b> Foster Children   | Date of Birth<br>M / D / Y | Date Enrolled<br>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 | <b>GROSS INCOME BEFORE ANY DEDUCTIONS (Net for Self Employed)</b><br><i>Frequency of pay: W=Weekly E2=Every 2 weeks 2M=Twice monthly M=Monthly Y=Yearly</i> |                           |  |  |                          |                        |                          | Check if Zero income |
|   | <b>Last Name, First name</b>  | <b>Earnings from Work</b> | <b>Welfare, Child Support, Alimony</b> | <b>Pensions, Retirement, Social Security</b> | <b>All other incomes</b> |                        |                          |                      |
|   | 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  |

**FOR SPONSOR USE ONLY**

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