NS-301-H Fiscal Year 2027 Income Eligibility Form Revised 4/2026

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 *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	

FOR SPONSOR USE ONLY

Annual Income $_____

Household Size _____

❑ SNAP/TANF/FDPIR/Other

❑ Foster Child(ren): _____

❑ Tier 1 Eligible

❑ Not Tier 1 Eligible

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

INCOME ELIGIBILITY GUIDELINES

July 1, 2026– June 30, 2027

Household Size	Household Income				
	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1	29,526	2,461	1,231	1,136	568
2	40,034	3,337	1,669	1,540	770
3	50,542	4,212	2,106	1,944	972
4	61,050	5,088	2,544	2,349	1,175
5	71,558	5,964	2,982	2,753	1,377
6	82,066	6,839	3,420	3,157	1,579
7	92,574	7,715	3,858	3,561	1,781
8	103,082	8,591	4,296	3,965	1,983
For each additional family member add:	10,508	876	438	405	203

CACFP Income Eligibility & Enrollment Form Attachment – Additional Children & Household Members
This form is **only** to be utilized when more than three (3) children are enrolled and attend your home childcare program OR there are additional household members in the home. This form ***must be attached to NS-300-H or NS-301-H***. Please do not duplicate names of children listed on Part 1 of the Income Eligibility Form or duplicate the names of household members listed in Part 4.

Complete this section for any children enrolled in the center **not listed** on Part 1 of NS-301-H or NS-301-H.

Child's Last Name, First Name	Date of Birth M/D/Y	Date Enrolled M/D/Y

OPTIONAL: Please check the ethnicity and race of the child(ren) you are enrolling.

Ethnicity (select one or more): ❑ Hispanic or Latino ❑ Not Hispanic or Latino

Race (select one or more): ❑ American Indian or Alaskan Native ❑ Asian ❑ Black or African American ❑ Native Hawaiian or other Pacific Islander ❑ White or Caucasian

Complete this section for any household member **not listed** on **Part 4** of *NS-300-H or NS 301-H.*

Name of all household members not listed above or in Part 4 of the attached form.	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								
Last Name, First Name	**Employment Earnings** How much? / Frequency?		**Welfare, Child Support, Alimony** How much? /Frequency?		**Pensions, Retirement, Social Security** How much? / Frequency?		**All other incomes** How much? /Frequency?		Check if **Zero** income
									❑
									❑
									❑
									❑
									❑

INSTRUCTIONS TO Family Day Care Home Sponsors: Attach this page to NS-300-H or NS-301-H for this household. Include enrolled children and all household members when making income eligibility determinations.