



How to Complete the Household Income Statement Form

Fill out a Child and Adult Care Food Program—Household Income Statement if any of the following apply:

- Any person in your household already is approved for one of these programs: Minnesota Family Investment Program (MFIP), Supplemental Nutrition Assistance Program (SNAP), or Food Distribution Program on Indian Reservations (FDPIR), or
- You have one or more foster children in the household (a welfare agency or court has legal responsibility for the child), or
- Your total household income (gross earnings before deductions, not take-home pay) is less than or equal to the income shown below for your household size. Include any foster children as members of the household. Do not include as income: foster care payments, federal education benefits, MFIP payments, or value of assistance received from SNAP, WIC, or FDPIR. Military: Do not include combat pay or assistance from the Military Privatized Housing Initiative. The income guidelines are effective from July 1, 2018 through June 30, 2019.

Maximum Total Income

Household Size	\$ Per Year	\$ Per Month	\$ Twice Per Month	\$ Per 2 Weeks	\$ Per Week
1	22,459	1,872	936	864	432
2	30,451	2,538	1,269	1,172	586
3	38,443	3,204	1,602	1,479	740
4	46,435	3,870	1,935	1,786	893
5	54,427	4,536	2,268	2,094	1,047
6	62,419	5,202	2,601	2,401	1,201
7	70,411	5,868	2,934	2,709	1,355
8	78,403	6,534	3,267	3,016	1,508
Add for each additional person	7,992	666	333	308	154

Step 1 - Children to List

List all infants and children in the household, even if they are not related. Attach another page if needed to list all children. Fill in the circle if a child is in foster care. Providing ethnic and racial information for each child is optional and does not affect approval for CACFP benefits. This information helps to make sure we are fully serving our community.

Step 2 Case Number

If any household member currently participates in SNAP, MFIP or FDPIR assistance programs, write in your case number, check which program you participate in, and then go to Step 4. If you do not participate in any of these programs, leave Step 2 blank and continue on to Step 3. Medical Assistance (MA) and Women, Infants, and Children (WIC) do *not* qualify for this purpose.

Step 3 Adults / Incomes / Last Four Digits of Social Security Number

- If there is any regular income to children like wages, write in the total regular income for all children. Do not include occasional earnings of children like babysitting or lawn mowing.
- List all adults living in the household (everyone not listed in Step 1) whether related or not, such as grandparents, other relatives, or friends. Include any adult who is temporarily away from home, like a student away at college. Attach another page if necessary.
- List gross incomes before deductions, not take-home pay. **Do not list an hourly wage rate.** For adults with no income to report, enter a '0' or leave the section blank. This is your certification (promise) that there is no income to report for these adults.
- For each income, fill in a circle to show how often the income is received: weekly, every other week, twice per month, or monthly. For fluctuating income like seasonal work, list average monthly income.
- For farm or self-employment income **only**, list the net income per year or month after business expenses. A loss from farm or self-employment must be listed as 0 income and does not reduce other income.
- The adult household member signing the form must provide the last four digits of their Social Security number or check the box if they do not have a Social Security Number.

Step 4 Signature and Contact Information

An adult household member must sign and date the form.