

This Provider Letter and the attached Household Size-Income Statement form (HSIS) must be given to all area eligible home providers wanting to claim their own children, other residential, or resident foster children for meal reimbursement.

Dear Provider:

To establish eligibility to claim your own children, other residential children, and/or residential foster children for reimbursement under the CACFP, you must complete and return the attached Household Size-Income Statement form (HSIS) to our office. If a child residing in your home is enrolled in Head Start, you may submit the Head Start administering agency's written certification of your child's Head Start enrollment and his/her Head Start eligibility period in place of a completed HSIS to qualify him/her for meal reimbursement; *this written Head Start certification only qualifies the child enrolled in Head Start and does not extend to the other residential children within this child's home.* Once properly approved as eligible to claim your residential children, you will remain eligible to claim them for a period not to exceed 12 months. This information will be kept confidential in our files.

You are not required to complete and return this HSIS if your household income is higher than the amount indicated for your household size within the table below and no one in your household receives benefits from the Supplemental Nutrition Assistance Program (SNAP) (FoodShare Wisconsin), FDIPIR (Food Distribution Program on Indian Reservations), or W-2 Cash Benefits.

Determining Eligibility by Household Size and Income:

Household-Size Income Scale (Effective July 1, 2016 to June 30, 2017)

Household Size	Annual Income Level (at or below)
1	\$21,978
2	\$29,637
3	\$37,296
4	\$44,955
5	\$52,614
6	\$60,273
7	\$67,951
8	\$75,647
For each Additional Household Member, Add	+\$7,696

If your household earns a total income that is less than or equal to the eligibility standards listed within this table, you would be eligible to claim your own children and/or other residential children for reimbursement.

When establishing eligibility by your household size and income, you must include the following information on the HSIS (a-d):

- (a)** Names of all household members including children, parents or other persons who live with you in the same household;
- (b)** Household income received by each household member identified by source of income and how often each source is received;
- (c)** The signature of an adult member of the household and signature date; and
- (d)** The last four digits of the social security number of the adult household member signing the HSIS or an indication he/she does not have a social security number.

Determining Eligibility based on Participation in Benefits Programs:

When eligibility is established by receipt of FoodShare Wisconsin, FDIPIR benefits, or W-2 Cash Benefits, you must include the following information on the HSIS:

- (a)** The names of the your own and/or other residential children;
- (b)** The signature of an adult member of the household and signature date; and
- (c)** The appropriate case number for FoodShare Wisconsin, FDIPIR, or W-2 Cash Benefits.

W-2 Cash Benefits are paid placement programs that do not include Wisconsin Shares Child Care (W-2 Child Care Assistance). W-2 paid placement programs include Community Service Job (CSJ), Caretaker of an Infant (CMC), W-2 Transition (W-2 T) and At Risk Pregnancy (ARP).

DO NOT provide case numbers for Medicaid, SSI, or if you only receive W-2 Child Care Assistance; receipt of these benefits does not qualify your residential children for meal reimbursement.

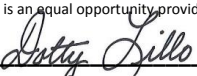
Foster children: meals served to foster children are eligible for Tier 1 reimbursement regardless of the household's income. If applying for meal reimbursement for a residential foster child, you must either complete a separate HSIS for the foster child or include the foster child as a household member on the same HSIS that includes your non-foster children. When including foster children on your HSIS completed for your non-foster children, only report your foster child's income specifically identified for his/her personal use that is received from a welfare agency and/or in-hand from any source.

Use of Information Statement: Unless you provide a SNAP, FDIPIR, or W-2 Cash Benefits case number, you are applying for a foster child, or submit written certification of your child's Head Start enrollment from the Head Start administering agency, the Richard B. Russell National School Lunch Act requires that the adult household member signing the HSIS report the last four digits of his/her social security number on the HSIS. If the adult household member signing the HSIS does not possess a social security number, he/she must indicate so on the HSIS. It is not mandatory to provide the last four digits of the social security number, but if it is not provided or an indication is not made that the adult household member signing the HSIS does not have one, the HSIS cannot be approved for meal reimbursement. The last four digits of the social security number may be used to verify the correctness of information reported on the HSIS for ensuring proper administration and enforcement of the Child Nutrition Programs.

Sharing Eligibility Information: Children's meal eligibility information may be shared with other State agencies and other Child Nutrition programs, in accordance with disclosure protection requirements, without prior notification. If your children's meals are reimbursed, these children may also be able to get free or low-cost health insurance through Medicaid or the State Children's Health Insurance Program (BadgerCare). Because health insurance is so important to children's well-being, **the law allows us to tell Medicaid and BadgerCare that your children's meals are eligible for reimbursement, unless you tell us not to.** Medicaid and BadgerCare only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children. (Filling out the HSIS does not automatically enroll your children in health insurance.) **If you do not want us to share your information with Medicaid or BadgerCare, please notify us in writing. (This notification will not change whether your children's meals are eligible for meal reimbursement.)**

Your eligibility information provided on the HSIS may be shared with auditors for program reviews and law enforcement officials for the purpose of investigating violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) Mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) Fax: (202) 690-7442; or (3) Email: program.intake@usda.gov. This institution is an equal opportunity provider.


Signature of Sponsor Representative

For Provider's Own/Residential/Foster Children: Complete and return to your sponsor for establishing eligibility for your own children, other children residing in your home, and/or residential foster children.

PART 1: BENEFITS

If any member of your household currently receives FoodShare Wisconsin, Wisconsin Works (W-2) Cash Benefits, and/or FDIIR (Food Distribution Program on Indian Reservations), **check the box for the benefit currently received and provide the case number.**

Complete PART 3 and return HSIS to the home sponsor. Do not complete PART 2. If no one receives these benefits, go to PART 2.

PART 2: TOTAL HOUSEHOLD SIZE AND INCOME	
1)	List the full names of all household members, including yourself and all children.
2)	List all gross income (before deductions or taxes, social security, etc) on the same line as the person who receives it. (Self-employed household members should report net income.) Check the box for how often it is received. Record each income only once.
If you provided a case number in Part 1, you do not need to provide household and income information below.	

PART 3: ALL HOUSEHOLDS ADULT HOUSEHOLD MEMBER SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (SS#) If Part 2 is completed, the adult signing the form must list the last four digits of his/her SS# or check "None" if you do not have a SS#. I CERTIFY that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of federal funds; that agency officials may verify the information on this form; and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

FOR SPONSORING ORGANIZATION USE ONLY – All 3 sections and the Effective Month of Determination must be completed		
1) Basis of Determining Eligibility (A or B)		2) Eligibility Determination
A. Household Size & Income Total Household Size _____ *Total Income \$ _____ / _____ (\$ Amount) (Time Period)	B. Benefits/Foster ☐ FoodShare WI ☐ W-2 Cash Benefits ☐ FDPIR ☐ Foster Child(ren)	☐ Eligible ☐ Not Eligible
		3) Determining Official's Initials & Approval Date _____ **Effective Month of Determination _____ Month/Year

****This form expires one year from the *Effective Month of Determination*.**