HOUSEHOLD SIZE-INCOME STATEMENT FOR THE SUMMER FOOD SERVICE PROGRAM (SFSP)
INSTRUCTIONS: An adult household member must complete and return to sponsor. (Rev. 11/12)

Part 1. List all children attending enrolled program or camp (INCLUDING FOSTER CHILDREN)

Names of all children attending enrolled program or camp (First, Middle Initial, Last)	**Check box below if Foster Child**	Provide FoodShare Wisconsin, W-2 Cash Benefits (TANF) or Food Distribution Program on Indian Reservations (FDPIR) **case #** (if any). **Skip to Part 3 if you listed one of the above case numbers.**
	❑	**Case #**
	❑	**Case #**
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Steps to completing Part 1. First, list **all** children attending enrolled program or camp. If this application includes a child who is the legal responsibility of a welfare agency or court include name of child/children above and check the box indicating Foster Child. Next, provide the case number if the household receives FoodShare, TANF or FDPIR benefits.

***DO NOT LIST**:* Forward Card (IL residents do not list Link Card number) or Medicaid, SSI, W-2 Childcare case numbers.

Complete Part 2 below, if you are applying for children, other than foster children, in your household and are *not* receiving FoodShare, W-2 cash benefits or Food Distribution Program on Indian Reservations (FDPIR) benefits at this time.

Part 2. Total Household Gross Income—Tell us how much and how often

A. Name List **everyone** in household, Including children listed in Part 1.	**B. Gross income and how often it was received** *Example: $100/monthly $100/twice a month $100/every other week $100/weekly*				**C. Check if NO income**
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All Other Income	
(Example) Jane Smith	$200/weekly	$150/weekly	$100/monthly	$_____/_____	❑
	$_____/_____	$_____/_____	$_____/_____	$_____/_____	❑
	$_____/_____	$_____/_____	$_____/_____	$_____/_____	❑
	$_____/_____	$_____/_____	$_____/_____	$_____/_____	❑
	$_____/_____	$_____/_____	$_____/_____	$_____/_____	❑
	$_____/_____	$_____/_____	$_____/_____	$_____/_____	❑
	$_____/_____	$_____/_____	$_____/_____	$_____/_____	❑
	$_____/_____	$_____/_____	$_____/_____	$_____/_____	❑
	$_____/_____	$_____/_____	$_____/_____	$_____/_____	❑

Part 3. Signature and Social Security Number (Adult must sign)

An adult household member must sign the application**. If Part 2 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 parent letter).

I CERTIFY that all of the above information is true and correct and that all income is reported unless eligibility is established by receiving FoodShare, W-2 Cash Benefits and/or FDPIR. I understand that this information is being given so that the sponsoring agency may receive federal funds; that agency officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable federal laws. The signature on this application is that of an adult household member.

Sign here: X_____ Print name:_____ Date: _____

Address:_____Phone Number:_____

Last four digits of Social Security Number: __ __ __ __ ❑ I do not have a Social Security Number

Part 4. Children's racial and ethnic identities (optional)

Mark one or more racial identities:

❑Asian ❑ American Indian or Alaska Native
❑White ❑ Native Hawaiian or Other Pacific Islander
❑ Black or African American ❑ Other

Mark one ethnic identity:

❑ Hispanic or Latino
❑ Not Hispanic or Latino

Don't fill out this part. This is for sponsor use only.

Annual Income Conversion = Weekly x 52 or Every 2 Weeks x 26 or Twice A Month x 24 or Monthly x 12
Monthly Income Conversion = weekly x 4.33 or Every 2 weeks x 2.15

Basis for Eligibility Determination

☐ **Total Household Size =** _____ **Total Monthly Income =** _____

OR

☐ **FoodShare/W-2 Cash Benefits/FDPIR Recipient**

Eligibility Determination

☐ **Needy**

OR

☐ **Non-Needy**

Determining Official's Initials and Date

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