Instructions for Completing the 2025-2026 CACFP Confidential Income Statement (CIS)

(for participants in family day care homes)

If your household gets Supplemental Nutrition Assistance Program (SNAP), OR ATAP/TANF; follow these instructions:

Part 1: List all members in the household, center/provider name, birthdate, and check appropriate boxes.
Part 2: List the **case number** for any household member (including adults) receiving **[SNAP]** or **[State TANF]** or **[FDPIR]** benefits**.**
Part 3: Skip this part.
Part 4: Skip this part.
Part 5: Complete section and sign the form. Families with children in family day care homes (FDCH) can check the box if they are returning their form to the FDCH provider.
Part 6: Answer this question if you choose.

If any child in household is enrolled in any Head Start program or Receives Free or Reduced Price Meals At School, and if no one in your household gets SNAP or state TANF benefits follow these instructions: (NOT applicable to Family Day Care Home **Provider's own family**)

Part 1: List all members in the household, center/provider name, birthdate, and check appropriate boxes for foster child and PFD's**.**
Part 2: Skip this part.
Part 3: Check the appropriate box. **Provide letter from the Head Start agency** that documents the child is enrolled (Only the enrolled child qualifies under this category), **or notification letter from school,** which clearly states if they are FREE or if they are REDUCED **due to income** (this applies to all children in household, unless the child is Migrant or Homeless Status – which then is for that specific student only).
Part 4: Skip this part.
Part 5: Complete section and adult household member must sign the form. Families with children in family day care homes (FDCH) can check the box if they are returning their form to the FDCH provider.
Part 6: Answer this question if you choose.

If you are applying for a foster child, follow these instructions:

Part 1: List all members in the household, center/provider name, and check appropriate boxes for foster child and PFD's.
Part 2: Skip this part.
Part 3: Skip this part
Part 4: Skip this part.
Part 5: Complete section and adult household member must sign the form. Families with children in family day care homes (FDCH) can check the box if they are returning their form to the FDCH provider.
Part 6: Answer this question if you choose.

If SOME of the children in the household are foster children and some children are not but attend the center, follow these instructions:

Part 1: List all members in the household, center/provider name, birthdate, and check appropriate boxes for foster child and PFD's.
Part 2: If the household does not have a case number skip this part.
Part 3: If there are no children who are Head Start or get free or reduced meals at school, skip this part.
Part 4: Follow these instructions to report total household income from last month.
Box 1–Name: List all household members with income.
Box 2 –Gross income last month and how often (sequence) it was received: For each household member, list each type of income received. You must tell us how often the money is received (A=annual, M=monthly, T=twice per month, E2=every two weeks, or W=weekly). **Gross income is the amount earned before taxes**

and other deductions. *First Column:* List earnings from work - the **gross income** each person earned from work. The amount should be listed on your pay stub. *Second Column:* List the amount each person got last month from welfare, child support, and alimony. *Third Column:* List all pensions, retirement, and Social Security, and *Fourth Column:* List ALL OTHER INCOME SOURCES - include Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME. Report net income for self-owned business, farm, or rental income. If you are in the Military Housing Privatization Initiative do not include this housing allowance. (This is not an allowable exclusion for households living off-base in the general commercial/private real estate market). The **last four digits** of a Social Security Number of the primary wage earner or other adult household member is required, or mark the box if s/he doesn't have one.

Part 5: Complete section and adult household member must sign the form. Families with children in family day care homes (FDCH) can check the box if they are returning their form to the FDCH provider.

Part 6: Answer this question if you choose.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

Part 1: List all members in the household, center/provider name, birthdate, and check appropriate boxes.

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Follow these instructions to report total household income from last month.

Box 1–Name: List all household members with income.

Box 2 –Gross income last month and how often (sequence) it was received for each household member, list each type of income received last month. You must tell us how often the money is received (A=annual, M=monthly, T=twice per month, E2=every two weeks, or W=weekly). **Gross income is the amount earned before taxes and other deductions.** *First Column:* List earnings from work - the **gross income** each person earned from work. The amount should be listed on your pay stub. *Second Column:* List the amount each person got last month from welfare, child support, and alimony. *Third Column:* List all pensions, retirement, and Social Security, and *Fourth Column:* List ALL OTHER INCOME SOURCES - include Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME. Report net income for self-owned business, farm, or rental income. If you are in the Military Housing Privatization Initiative do not include this housing allowance. (This is not an allowable exclusion for households living off-base in the general commercial/private real estate market). The **last four digits** of a Social Security Number of the primary wage earner or other adult household member is required, or mark the box if s/he doesn't have one.

Part 5: Complete section and adult household member must sign the form. Families with children in family day care homes (FDCH) can check the box if they are returning their form to the FDCH provider.

Part 6: Answer this question if you choose.

2025-2026 CACFP Confidential Income Statement (CIS)

(for participants in family day care homes)

PART 1. All Household members (if you need more space use a separate piece of paper)
If **ALL children listed below are foster children, complete Part 1, then skip to Part 5 to sign this form.*

Names of **ALL** household members *(First, Middle Initial, Last)*	Provider Name for Each enrolled Child	Birthdate of children (month/day/yr)	Foster Child	Check if approved for PFD **Oct/2024**	Check if approved for PFD **issued in Oct/2025**
			❑	❑	❑
			❑	❑	❑
			❑	❑	❑
			❑	❑	❑
			❑	❑	❑

PART 2. Benefits
If any member of your household receives **[State SNAP], [FDPIR]**, **[State TANF]**. Provide the name and **case number & program name** (ie SNAP) for the person who receives benefits and **skip to Part 5.**
***If NO ONE receives these benefits*, skip to Part 3. [Enclose document letter from program]**
Name:_____ **Case Number:**_____ **Program** _____

PART 3. If any child is enrolled in Early Head Start, Head Start, or receives free or reduced meals at school check the appropriate box. **[Enclose document letter from EHS/HS/or School]**
Early Head Start ❑ Head Start ❑ Free Meals at School ❑ Reduced Meals at School ❑

PART 4. Total Household Gross Income. *You must tell us how much and how often.*

Name (List **ALL Adults and children** in the household with income.)	**Gross income how often it was received** **A**=*Annual;* ***W***=*Weekly;* ***E2***=*Every 2 Weeks;* ***T***=*Twice A Month or* ***M***=*Monthly*			
	Gross Earnings from Work before deductions	**Welfare, Child support, Alimony**	**Pensions, Retirement, Social Security**	**All Other Income**
	$_____/_____	$_____/_____	$_____/_____	$_____/___
	$_____/_____	$_____/_____	$_____/_____	$_____/___
	$_____/_____	$_____/_____	$_____/_____	$_____/___
	$_____/_____	$_____/_____	$_____/_____	$_____/___
	$_____/_____	$_____/_____	$_____/_____	$_____/___

PART 5. Signature and Last four digits of SSN (An adult household member **must sign** the CIS.**)**
I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school 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.

Last four digits of Social Security Number of primary wage earner or other adult household member: ***-**_____ ❑ I do not have a SSN

Sign here: _____Print name: _____ Date: _____

Address: _____ Phone Number:_____

Families w/children in family day care homes:

City: _____ State: ____ Zip: _____ ❑ I allow my FDCH provider to collect this form

PART 6. Children's Ethnic and Racial Identities (Optional)

Choose one ethnicity:	*Choose one or more (regardless of ethnicity):*
❑ Hispanic or Latino	❑ Asian ❑ American Indian or Alaska Native ❑ Black or African American
❑ Not Hispanic or Latino	❑ White ❑ Native Hawaiian or other Pacific Islander ❑Other

Privacy Act Statement:
The Richard B. Russell National School Lunch Act requires the information on this Confidential Income Statement. You do not have to give the

information, but if you do not, we cannot approve your child for free or reduced meals which would affect the reimbursement to the provider or center. You must include the last four digit of the social security number of the adult household member who signs the form. The social security number is not required when you apply on behalf of a foster child or you list a SNAP, Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the form does not have a social security number. We will use your information to determine the rate of reimbursement that your child care or adult care provider receives for meals served to your child, or adult participant and for administration and enforcement of the Child and Adult Care Food Program.

CENTER/SPONSOR ORGANIZATION USE ONLY

This section is for the family day care home sponsoring organization use only

Write the total number of household members in the boxes below who qualify for PFD. Write zero (0) if none qualify.

Only use one year when calculating income. Use the year which corresponds with the date the CIS is completed below.

CIS completed **BY December 31, 2025** Use PFD issued in October 2024	_____	CIS completed **January 1, 2026 or AFTER** Use PFD Issued in October 2025	_____

Total household members receiving PFDs_____ x $1404.00 = _____ (issued in October 2024)

Total household members receiving PFDs_____ x $ = _____ (issued in October 2025)

ELIGIBILITY by INCOME:

If there is more than one sequence of income or if the household received any PFDs you must convert all income to annual. (i.e. $200/T, $150/M, $200/M & PFDs = Annual Conversion)

If there is only one sequence of income and the household did not receive any PFDs then you must keep the income at the sequence received. (i.e. $200/T, $100/T= No conversion necessary- keep at T)

List the income by sequence from first page:

Total Income by Category:	Conversion to Annual:
A-Annual: _____	x 1 = _____
M-Monthly: _____	x 12 = _____
T-Twice Per Month: _____	x 24 = _____
E2-Every 2 Weeks: _____	x 26 = _____
W-Weekly: _____	x 52 = _____

TOTAL HOUSEHOLD INCOME: **$**_____

Check the sequence of income from above: ☐ Annual ☐ Monthly ☐ Twice Per Month ☐ Every 2 Weeks ☐ Weekly

Total Income from above: $_____ + PFD income: $_____ = **TOTAL INCOME $**_____ Household size: _____

OR ELIGIBILITY by CATEGORICAL DOCUMENTATION:

Check category from 1st page – must have case number and families may be required to submit documentation

Household Eligible:

☐ SNAP Household ☐ ATAP/TANF Household (not tribal)

☐ FREE at School ☐ REDUCED at School

Child Individual Eligibility:

☐ Migrant/Homeless per school

☐ Foster Child(ren) ☐ Head Start/EHS

DETERMINATION:

SPONSORS OF CENTERS: ☐ Free ☐ Reduced Price ☐ Over Income

SPONSORS OF FAMILY DAY CARE HOMES:

Income Eligible for Tier I Rates ☐ Yes- Eligibility Dates: _____ to _____ Approved for Own Children? ☐ Yes ☐ No

☐ No - Reason for denial: ☐ Income too high ☐ Incomplete documentation

☐ Other_____

Determining Official's Signature _____Date_____

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Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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: (833)256-1665 or (202) 690-7442; or

(3) email: program.intake@usda.gov.

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