

DETERMINING MONTHLY INCOME FOR EARNINGS & WAGES

Monthly income for all household members must be reported in Section 4 of this application. Income means any money regularly received from work, child support, alimony, pensions, retirements, social security or any other source. Exclude student/school loans.

Household members who are not paid monthly should change earnings into monthly income by doing the following:

Household members who are paid every week: Multiply total earnings and wages for one pay period, before deductions, by 4.33. The resulting amount is the total monthly income.

Household members who are paid every 2 weeks: Multiply total earnings and wages for one pay period, before deductions, by 2.15. The resulting amount is the total monthly income.

Household members who are paid twice a month: Multiply total earnings and wages for one pay period, before deductions, by 2. The resulting amount is the total monthly income.

Note: Money received from a business or farm owned by you should be reported as "net income". *Net Income is defined as the total income left after business and farm operating expenses are subtracted from gross receipts.*

PRIVACY STATEMENT - SOCIAL SECURITY NUMBERS

Section 9 of the National School Lunch Act requires that, unless your child's food stamp case number/FDPIR case number or other identifier or TANF case number is provided, you must include the social security number of the adult household member signing the application or indicate that the household member signing the application does not have a social security number. Provision of a social security number is not mandatory, but if a social security number is not given or an indication is not made that the signer does not have such a number, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a food stamp, TANF or FDPIR office to determine current certification for receipt of these benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by household members to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal actions if incorrect information is reported.

NON-DISCRIMINATION STATEMENT

The United States Department of Agriculture (USDA) and the State of Oregon prohibit discrimination in all USDA programs and activities on the basis of race, color, national origin, sex, religion, age or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14th and Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD) or (888) 271-5983 Extension 516 (toll free). USDA and the State of Oregon are equal opportunity providers and employers.

FOR CENTER USE ONLY - DO NOT WRITE BELOW THIS LINE

ELIGIBILITY (check applicable box)

- FOOD STAMPS
- TANF
- FDPIR
- HOUSEHOLD INCOME

Household size: _____

Total household income: \$ _____

- FOSTER CHILD

Household size: _____

Total personal use income: \$ _____

APPROVED

- Free
- Free TEMPORARY for \$0 Income
Temporary Approval for free meals
until: _____
(maximum 45 days)
- Reduced Price
- Above Scale (application incomplete or income too high)

Monthly Income Conversions:

(If required, use these figures to convert income to monthly amount)

- Weekly x 4.33
- Every 2 weeks x 2.15
- Twice a month x 2

Signature of Official Determining Eligibility _____

Date _____

- Double Check _____
(Recommended but not required)

Umatilla-Morrow Head Start, Inc.

110 N.E. 4th Street
Hermiston, OR 97838
(541) 564-6878 · Fax (541) 564-6879
1-800-559-5878

Date: _____

Dear Parent/Guardian:

Please complete, sign and return the attached Confidential Income Statement to us as soon as possible. This center participates in a Federal nutrition program that allows us to serve nutritious meals and snacks and helps keep the charge for care at a lower rate. The program is funded by the United States Department of Agriculture (USDA) and Oregon Department of Education, and is called the Child and Adult Care Food Program.

All children enrolled in our center receive meals at no separate charge. To keep our fee schedule low and provide excellent food service for children, we need the information requested on the Confidential Income Statement.

COMPLETING THE FORM

Follow the instructions on the form.

Please complete and return the form to the center if:

- The child care participant receives food stamps, TANF, or Food Distribution Program on Indian Reservations (FDPIR)

OR

- The household income is less than the amount on the Income Eligibility Guidelines.

This information will be kept strictly confidential.
Your cooperation is appreciated.

Sincerely,

Center Representative

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<i>Income Eligibility Guidelines July 1, 2007 – June 30, 2008</i>			
Household Size	Annual	Month	Week
-1-	18,889	1,575	364
-2-	25,327	2,111	488
-3-	31,765	2,648	611
-4-	38,203	3,184	735
-5-	44,641	3,721	859
-6-	51,079	4,257	983
-7-	57,517	4,794	1,107
-8-	63,955	5,330	1,230
For each additional family member add	6,438	537	124