



See INSTRUCTIONS on reverse.

DAY CARE CENTER NAME: \_\_\_\_\_

Print the name of the child(ren) enrolled in Day Care:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**DIRECTIONS:**

**Complete SECTION A if your household:**

1. Receives Temporary Assistance to Needy Families (TANF)
2. Receives Food Stamps
3. Participates in the Food Distribution Program on Indian Reservations (FDPIR)
4. Currently has a foster child enrolled in day care

**Complete SECTION B if Section A does not apply:**

Sign, date and indicate the Social Security number of the adult signing the certification and return the completed form to the day care center.

| SECTION A   | SECTION B  |  |                           |                      |          |          |          |          |          |          |          |          |          |          |          |          |
|---|--|--|---------------------------|----------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| <p>TANF Number _____</p> <p>Food Stamp Case Number _____</p> <p>FDPIR Number _____</p> <p>Foster Child's Name _____</p> <p>Foster Child's Personal Monthly Income \$ _____</p> <p><b>An adult household member must sign the application before it can be approved.</b> After reading the following statement and the statement on the back, sign below.</p> <p>I certify that the above information is true and correct and that all income is reported. I understand this information is being given for the receipt of Federal funds, that officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.</p> <p>Signature: _____</p> <p>Date: _____</p> | <p>List all household members below. Include yourself and all adults and children NOT listed above, even if they do not receive income. Then list all income received <b>last month</b> in your household in the column to the right. Gross income includes: earnings from work, pensions, retirement, Social Security, welfare payments, child support and any other sources of income.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">Name of Household Members</th> <th style="width: 30%;">Monthly Gross Income</th> </tr> </thead> <tbody> <tr><td>1. _____</td><td>\$ _____</td></tr> <tr><td>2. _____</td><td>\$ _____</td></tr> <tr><td>3. _____</td><td>\$ _____</td></tr> <tr><td>4. _____</td><td>\$ _____</td></tr> <tr><td>5. _____</td><td>\$ _____</td></tr> <tr><td>6. _____</td><td>\$ _____</td></tr> </tbody> </table> <p><b>An adult household member must sign the application before it can be approved.</b> After reading the following statement and the statement on the back, sign below.</p> <p>I certify that the above information is true and correct and that all income is reported. I understand this information is being given for the receipt of Federal funds, that officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.</p> <p>Signature: _____</p> <p>Print Name: _____</p> <p>SS# _____ Date: _____</p> |  | Name of Household Members | Monthly Gross Income | 1. _____ | \$ _____ | 2. _____ | \$ _____ | 3. _____ | \$ _____ | 4. _____ | \$ _____ | 5. _____ | \$ _____ | 6. _____ | \$ _____ |
| Name of Household Members   | Monthly Gross Income   |  |                           |                      |          |          |          |          |          |          |          |          |          |          |          |          |
| 1. _____  | \$ _____   |  |                           |                      |          |          |          |          |          |          |          |          |          |          |          |          |
| 2. _____  | \$ _____   |  |                           |                      |          |          |          |          |          |          |          |          |          |          |          |          |
| 3. _____  | \$ _____   |  |                           |                      |          |          |          |          |          |          |          |          |          |          |          |          |
| 4. _____  | \$ _____   |  |                           |                      |          |          |          |          |          |          |          |          |          |          |          |          |
| 5. _____  | \$ _____   |  |                           |                      |          |          |          |          |          |          |          |          |          |          |          |          |
| 6. _____  | \$ _____   |  |                           |                      |          |          |          |          |          |          |          |          |          |          |          |          |
| <b>FOR SPONSOR USE ONLY</b>   |  |  |                           |                      |          |          |          |          |          |          |          |          |          |          |          |          |
| <p>Sponsor Agreement Number _____</p> <p>Total Household Members _____</p> <p>Total Income \$ _____</p> <p>Free _____ Reduced _____ Paid _____</p> <p>Signature of Determining Official _____</p> <p>Date Determined ____ / ____ / ____</p>   |  |  |                           |                      |          |          |          |          |          |          |          |          |          |          |          |          |