Child and Adult Care Food Program – Adult Care

Procedure for Approval of Household Income Statements

These step-by-step instructions are to be used by the adult care centers participating in the Child and Adult Care Food Program (CACFP) when reviewing and approving Household Income Statement (HIS) forms to correctly determine category A, B or C eligibility. Participants are not required to complete an HIS form to participate in CACFP. If a participant or household declines to complete the HIS form, the participants must be assigned category C. Participants with incomplete forms must be assigned Category C until the HIS form is complete and approved by the sponsor. Only the participant names may be pre-printed on the form, all other information must be provided by the household.

1. Determine the type of HIS form

   The minimum information required on an HIS form depends on the type of HIS form. There are two types of HIS forms for adults.

   - Case Number—HIS Form
     Case number is provided in Step 2. If case number is provided, disregard any household size/income information provided in Step 3 of the HIS.

   - Household Size/Income—HIS Form
     Household incomes are provided in Step 3 of the HIS form.

2. Review HIS Form for Completeness

   Based on the type of HIS form as determined above, review the form according to the chart below to determine whether there is any missing information. If the form is missing information, return the form to the household or contact the household to obtain missing information. If required information is obtained via phone or other form of communication, document the changes on the HIS form along with your signature, date, who was contacted, method of contact, and any other information as needed.
**Minimum Information Required**

*For a Complete Household Income Statement (HIS)*

<table>
<thead>
<tr>
<th>Sections of the Household Income Statement – Adult Care</th>
<th>Household Size/Income HIS – required information</th>
<th>Case Number HIS – required information</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Name of adult participant</td>
<td>√</td>
<td>√</td>
</tr>
<tr>
<td>2. <strong>Case number</strong> from Medical Assistance (Medicaid), Supplemental Security Income (SSI), Supplemental Nutrition Assistance Program (SNAP) or Food Distribution Program on Indian Reservations (FDPIR).</td>
<td></td>
<td>√</td>
</tr>
<tr>
<td>3. <strong>Names of household members</strong> if participant has a spouse who lives with him or her, the spouse and their income must be listed. Do not list other family members who live with participant unless they are dependents of participant.</td>
<td></td>
<td>√</td>
</tr>
<tr>
<td><strong>Incomes of each household member</strong> or “no income” checked.</td>
<td></td>
<td>√</td>
</tr>
<tr>
<td><strong>Signature</strong> of participant, or any adult member of participant’s family, or legal guardian of participant.</td>
<td>√</td>
<td>√</td>
</tr>
<tr>
<td><strong>Social Security number (SSN)—last four digits</strong></td>
<td></td>
<td>√</td>
</tr>
<tr>
<td>Last four digits of SSN are required when income information is provided in Section 3 and form is signed by participant or other adult family member. SSN is not needed if legal guardian signs the form.</td>
<td></td>
<td>√</td>
</tr>
</tbody>
</table>

### 3. Review and Approve HIS Form

a. **Case Number HIS Form**

   The participant is categorically eligible for Category A if a valid case number is provided in step 2. Disregard any household income information provided in step 3 of the HIS form.

   1) In the Sponsor Use Only section, check the box indicating approval for Category A based on case number.
   2) Sign and date the Sponsor Use Only section.
   3) Assign effective dates starting the first of the month in which you approved, signed, and dated the form through the last day of the same month the following year. For example: October 1, 2019 – October 31, 2020.

b. **Household Size/Income HIS Form**

   If there is no case number, approve the form based on income.

   1) Determine the total number of household members (total number of people listed in Steps 1 and 3 of HIS forms).
   2) Determine the total income for the household from Section 3. If all household incomes are reported at the same frequency (example: all incomes are weekly, or all incomes are monthly, etc.), add all income amounts together for the total household income.
If household incomes are reported at different frequencies (example: income is reported weekly and monthly, etc.), convert all income amounts to annual incomes and add together for total annual household income. To convert incomes to an annual income, multiply weekly income by 52, every two weeks income by 26, twice per month income by 24, and monthly income by 12.

3) Compare the total household income to the current CACFP household income eligibility guidelines.

4) In the Sponsor Use Only section, record the total household size and income. Mark the approval category of eligibility (A, B, or C) based on income and household size. The category of eligibility applies to all adult participants listed on the HIS form.
   ○ Approve for Category A if total household income is within the income range shown in the Category A column of the income eligibility guidelines.
   ○ Approve for Category B if total household income is higher than Category A, but within the income range shown in the Category B column of the income eligibility guidelines.
   ○ If income is higher than the range showed for Category B, approve for Category C.

5) Sign and date the Sponsor Use Only section.

6) Assign effective dates starting on the first of the month in which you approved, signed, and dated the form through the last day of the same month the following year. For example: October 1, 2019 – October 31, 2020.

4. Additional Resources

For more information on collecting and approving household eligibility information, refer to these resources:

- Approving Household Income Statements for Adult Day Care – recorded web-based training
- Adult Day Care: A Child and Adult Care Food Program Handbook (Part 3)