

INSTRUCTIONS FOR DSS FORM 1684

Please complete the Child and Adult Care Food Program Income Eligibility Statement using the instructions below. Sign the statement and return it to the sponsoring organization. Call the sponsor if you need help: _____ .
Telephone Number

Part 1—Provider: Complete this part.

1. Print the name of the provider and provide food stamp number, Family Independence number or FDPIR number if you receive any of these benefits.
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Part 2—All Other Households: Complete this part and part 3.

1. Write the names of everyone in your household.
 2. Write the amount of income (the amount before taxes or anything else is taken out), the frequency of income (i.e., weekly, every two weeks, twice a month or monthly) received last month for each household member **and** where it came from, such as, earnings, welfare, pensions and other income (refer to examples below for types of income to report). If any amount **last month** was more or less than usual, write that person's usual income.
 3. Provider must sign this income eligibility statement and give his/her social security number in part 3.
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Part 3—Signature and Social Security Number: All providers complete this part.

1. All income eligibility statements must have the **signature** of the provider.
2. The provider must include his/her **social security number**. If he/she does not have a social security number, write "none" or something else to show that he/she does not have a social security number.

If you listed a food stamp, Family Independence or FDPIR number, a social security number is not needed.

Part 4—Racial/Ethnic Identity: Complete the racial/ethnic identity question if you wish.

You are **not required** to answer this question to get meal benefits. However, this information will help ensure that everyone is treated fairly.

Income to Report

Earnings from Employment

Wages/Salaries/Tips
Strike Benefits
Unemployment Compensation
Worker's Compensation
Net Income from Self-Owned
Business or Farm

Welfare/Child Support/Alimony

Public Assistance Payments
Welfare Payments
Alimony/Child Support Payments

Pensions/Retirement/Social Security

Pensions
Supplemental Security Income
Retirement Income
Veteran's Payments
Social Security

Military Households

All Cash Income, Including Military
Housing/Uniform Allowances.
Does Not Include "In-Kind" Benefits
NOT Paid in Cash (Base Housing,
Clothing, Food, Medical Care, etc.)

Other Income

Disability Benefits
Cash Withdrawn from Savings
Interest/Dividends
Income from Estates/Trusts/
Investments
Regular Contributions from Persons
Not Living in the Household
Net Royalties/Annuities/Net Rental
Income
Any Other Income