

**South Carolina Department of Social Services**  
**INCOME ELIGIBILITY APPLICATION FOR TIER II CLIENT HOUSEHOLDS**

**1. Children Enrolled:**

Last Name	First Name	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

**2. List the Name, Administering Organization and Case Number, If Applicable, For All Federal or State Assistance Programs in Which the Family Participates, i.e., Food Stamps, etc.:**

Name	Administering Organization	Case Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

**3A. Household Members and Income:** If you gave a food stamp or other case number for the child, skip to part 4.

	(Dollars/Frequency) \$170/Week	(Dollars/Frequency) \$80/2 Weeks	(Dollars/Frequency) \$360/Month	(Dollars/Frequency) \$ _____ / _____
Name of Household Members	Gross Earnings (Before Deductions) Job 1	Gross Earnings Job 2 or All Other Income	Welfare Payments, Child Support, Alimony	Payments From Pensions, Retirement, Social Security
Sample: Jane Doe				
1. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
2. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
3. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
4. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
5. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
6. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
7. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____

**3B. Foster Child:** Complete this part and part 3. If this is a foster child check here:  and write the child's personal use income and how often it is received here: \$ \_\_\_\_\_ / \_\_\_\_\_. Write "0" if the child has no personal use income.

**4. Signature and Social Security Number:**

I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of Federal funds; that CACFP 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.

Signature of Household Member	Date	Social Security Number*
Home Telephone: _____	Work Telephone: _____	Printed Name: _____
Street/Apt. No.: _____	City/State/Zip Code: _____	

**5. Race:**

Please check the racial or ethnic identity of your child(ren). You are not required to answer this question.

White (not Hispanic)    Black (not Hispanic)    Hispanic    Asian/Pacific Islander    American Indian/Alaskan Native

\* PRIVACY ACT STATEMENT: Section 9 of the National School Lunch Act requires that, unless the participant's food stamp, FDPIR or Family Independence number is provided, you must include the social security number of the household member signing the statement or an indication that the household member signing the statement does not possess a social security number. Provision of a social security number is not mandatory, but if a social security number is not provided or an indication is not made that the adult household member signing the statement does not have one, the statement 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 statement. These verification efforts may include contacting employers to determine income, contacting a food stamp, FDPIR or Family Independence office to determine current certification for receipt of food stamps, FDPIR or Family Independence benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member 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.

**FOR SPONSOR USE ONLY — DO NOT WRITE IN THE SPACE BELOW**

Monthly Income Conversion:    Weekly x 4.33                      Every 2 Weeks x 2.15                      Twice a Month x 2

Total Household Size: \_\_\_\_\_ Monthly Income: \$ \_\_\_\_\_     Food Stamp/Family Independence Household

Application Approved for:    Tier I    Tier II   Reason for Tier II:    Income Too High    Incomplete Applic.    Other

Effective Date of Determination: \_\_\_\_\_

Type and Date of Documents Used to Verify Income: \_\_\_\_\_

Signature of Determining Official: \_\_\_\_\_ Date: \_\_\_\_\_

## INSTRUCTIONS FOR DSS FORM 1690

Please complete the Child and Adult Care Food Program Income Eligibility Application using the instructions below. Sign the application and return it to the sponsoring organization. Call the sponsor if you need help: \_\_\_\_\_.

**Part 1—Participant’s Information:** Complete this part.

1. Print the name or names of your child enrolled in a day care home.

**Part 2—Households Receiving Benefits From Any of the Categorical Eligible Programs Listed Below:** Complete this part and part 4.

1. List the name of the program, administering organization and case number.
2. An adult household member must sign the statement in part 4.

**Part 3A—Your Household Does Not Receive Benefits From Any of the Categorical Eligible Programs Listed Below:** Complete this part and part 4.

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. An adult household member must sign this income eligibility statement and give his/her social security number in part 4.

**Part 3B—Foster Child:** Complete this part and part 4 for each foster child living in your home and enrolled in the home.

**Part 4—Signature and Social Security Number:** All households complete this part.

1. All income eligibility statements must have the **signature** of an adult household member.
2. The adult household member who signs the statement 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, FDPIR or other categorically eligible program number, a social security number is not needed.

**Part 5—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.

### Categorical Eligible Programs

Food Stamp Program Food Distribution Program on Indian Reservations (FDPIR) WIC	National School Lunch and Breakfast Program Headstart Commodity Supplemental Food Program	Even Start (only through Sept. 30, 1997) Family Independence Program
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### 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.)

**Foster Child’s Income**

ONLY Funds from Welfare Agency Identified by Category for Personal Use of Child (Clothing, School fees, etc.), Funds from Child’s Family or Personal Use and Earnings from Other Than Occasional or Part-Time Employment.  
DO NOT COUNT Funds from Welfare Agency for Shelter, 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