

INSTRUCTIONS FOR DSS FORM 1645

Follow these instructions, if your household gets SNAP, FDPIR, SSI or Medicaid:

Part 1: List all enrolled adult(s).

Part 2: List all household members. This includes the adult participant, and if residing with the adult participant, the spouse and dependent(s) of the adult participant. Functionally impaired adults living with their parents are considered a “family” or “household” separate from their parents for the purpose of determining household size and income.

Part 3: List the case number for any household member receiving Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamp), and/or Food Distribution Program on Indian Reservations (FDPIR). List the case number for the participant if he/she receives Social Security Income (SSI) or Medicaid benefits.

Part 4: Skip this part.

Part 5: Sign and date the form. The last four digits of a Social Security Number are **not** necessary.

ALL OTHER HOUSEHOLDS, follow these instructions:

Part 1: List all enrolled adult(s).

Part 2: List all household members. This includes the adult participant, and if residing with the adult participant, the spouse and dependent(s) of the adult participant. Functionally impaired adults living with their parents are considered a “family” or “household” separate from their parents for the purpose of determining household size and income.

Part 3: Skip this part.

Part 4: Follow these instructions to report total household income from this month or last month.

Column A – Name: List only the first and last name of **each** household member with income. Household members include the adult participant, and if residing with the adult participant, the spouse and dependent(s) of the adult participants. Attach another sheet of paper if you need to.

Column B – Gross Income and How Often it was Received: For each **household member who is a spouse, or dependent of the participant**, list each type of income received for the month. You must tell us how often the money is received – weekly, every other week, twice a month, or monthly.

Box 1: List the **gross income**, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your stub or your boss can tell you.

Box 2: List the amount each person got from the month from welfare, child support, alimony.

Box 3: List retirement, Social Security, Supplemental Security Income (SSI), Veteran’s (VA) benefits, disability benefits.

Box 4: List ALL OTHER INCOME SOURCES including Worker’s Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, and any other income. For ONLY the self-employed, report income after expenses in Box 1. Box 4 is for your business, farm or rental property. Do not include income from SNAP, FDPIR, WIC or Federal education benefits. If you are in the Military Housing Privatization Initiative or get combat pay, do not include this housing allowance as income.

Part 5: Adult household member must sign and date the form and list the last four digits of the Social Security Number or mark the box if s/he doesn’t have one.

INSTRUCTIONS FOR DSS FORM 1645, continued

Part 6. Participant's ethnic and racial identities (optional)

Mark one ethnic identity:

- Hispanic or Latino
 Not Hispanic or Latino

Mark one or more racial identities:

- Asian
 White
 Black or African American
 American Indian or Alaska Native
 Native Hawaiian or Other Pacific Islander

The participant in the adult day care facility may qualify for free or reduced price meals if your household income falls within the limits on this chart.

Household Size	Yearly
1	\$ 22,459
2	30,451
3	38,443
4	46,435
5	54,427
6	62,419
7	70,411
8	78,403
Each additional person	+ 7,992

Privacy Act Statement: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The Social Security Number is not required when you list a Supplemental Nutrition Assistance Program (SNAP), Family Independence (FI) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for the participant or other (FDPIR) identifier, Supplemental Security Income (SSI), Medicaid case number, or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced price meals, and for administration and enforcement of the Program.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

For Sponsoring Organization or Adult Care Facility Use ONLY.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income: _____ per: Week Every 2 Weeks Twice A Month Month Year

Household Size: _____

Categorical Eligibility: _____ Date Withdrawn: _____ Eligibility: Free Reduced Paid

Reason: _____

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

INSTRUCTIONS FOR DSS FORM 1645, continued

ALL OTHER HOUSEHOLDS, follow these instructions:

Part 6: Answer this question if you choose.

Privacy Act Statement: This explains how we will use the information you give us.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.

For Sponsoring Organization or Adult Care Use ONLY: To be complete by CACFP Institutions only.