



SENDCAA

3233 S. University Drive · Fargo · ND 58104

Application to Receive Tier I Reimbursement & Claim Own Children

Name of Child Care Provider _____

<p>Section 1</p> <p>Complete this section ONLY if you receive Food Stamps, TANF, and/or Commodity Assistance.</p>	<p>If your household receives Food Stamps, Temporary Assistance to Needy Families (TANF), and/or Commodity Assistance through the Food Distribution Programs on Indian Reservations (FDPIR), list names and ages of children, sign the application and return it to SENDCAA. <u>Documentation that your household receives the benefits indicated must accompany this application. (See backside of cover letter.)</u></p> <p>Does your household receive Food Stamps? Yes <input type="checkbox"/> No <input type="checkbox"/> Case Number: _____</p> <p>Does your household receive TANF? Yes <input type="checkbox"/> No <input type="checkbox"/> Case Number: _____</p> <p>Does your household receive FDPIR? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 50%; text-align: center;">Name of Child</td> <td style="width: 10%; text-align: center;">Age</td> <td style="width: 50%; text-align: center;">Name of Child</td> <td style="width: 10%; text-align: center;">Age</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	Name of Child	Age	Name of Child	Age								
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List **all** income received, by source, i.e. \$550/week (**DO NOT LIST HOURLY WAGE OR ANNUAL WAGE**) unless you are self-employed. Instructions for calculating self-employment income are included on the back side of this form. **Verification of income must accompany this application. (See backside of cover letter.)**

<p>Section 2</p> <p>Complete this section ONLY if you do not receive Food Stamps, TANF, or Commodity Assistance. Sign and return to SENDCAA.</p>	<p>FIRST and LAST names of all household members.</p>		<p>Current Income/Frequency</p>			
	Name	Age of Children	Gross wages - before deductions	Child Support/ Alimony	Farm or Self Employment Income (complete back of application)	Other Income
1. _____	_____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	
2. _____	_____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	
3. _____	_____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	
4. _____	_____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	
5. _____	_____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	
6. _____	_____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	
7. _____	_____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	
8. _____	_____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	

Social Security Number of Person Signing this form _____ - _____ - _____

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 and SENDCAA officials may verify the information on the application, and the deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

Signature of Adult Household Member _____ Date _____ Home Phone _____ Work Phone _____

Print Name _____ Street Address _____ City _____ State _____ Zip Code _____

Explanations:

SOCIAL SECURITY NUMBERS: If completing Section 1, a Social Security Number is not required. If completing Section 2, you are required to include a social security number on the application. This should be the social security number of the adult household member signing the application, or an indication that the household member 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 application does not have a social security number, the application 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 application. These verification efforts may be carried out through the program reviews, audits, and investigations and may include contacting employers to determine income, contacting the State Job Service office to prove 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 of or reduction in benefits, administrative claims, or legal actions if incorrect information is reported.

CALCULATION OF FARM OR SELF-EMPLOYMENT INCOME: Persons engaged in farming or who operate other types of private business, including child care, where cash flow varies throughout the year, making it difficult to predict income with any accuracy, may use their most recent income tax records and adjust for the current year. Any adjustments made for the current year must be substantiated with documents for verification purposes. The income to be reported is income derived from venture less operating costs incurred in the generation of that income. The income for arriving at allowable income from a private business operation may be taken from the Federal Tax Form (1040).

If you have additional income from other sources, this income must be treated as separate and apart from the income generated from your business or farm venture.

Add together the amounts reported on the following lines of your 1040 Form.

Line 12 \$ _____ Line 13 \$ _____ Line 14 \$ _____ Line 17 \$ _____ Line 18 \$ _____ Total \$ _____

Transfer this total to the front of the application under Farm or self-employment income. If the total is negative, it must be transferred to the front of the application as \$0. A negative number cannot be used to offset other income.

WHAT IS INCOME? Income reported must be gross income and is generally considered to be any monies received on a recurring basis. Income includes the following: wages, tips, salaries, commissions, social security benefits, dividends or interest on savings or bonds, income from estates or trusts, supplemental security income (SSI), public assistance or welfare payments (not food stamps), unemployment compensations, government civilian employee or military retirement or pensions, veteran's payments, pensions, annuities, child support, alimony, regular contributions from persons not living within the household, rental income and royalties, net income for farmers and self-employed, strike benefits, disability payments, interest income, and other cash income.

For Office Use Only

Date Received

Approved

Denied

Date of Determination/Verification _____

Signature of Determining Official _____