

2019 BROWN COUNTY SUMMER FEEDING PROGRAM

Household Information

List **all** household members, income, date of birth, SS # and relationship to head of household

Name	Source of Monthly Income i.e., SS, SSI, WC, Earned income, Child Support, Unemployment	DOB	Grade Child in 2018/2019 school year	SS#	Relationship to Head of Household

Mailing Address	Home Phone
City, State, Zip Code	Work Phone

1. Applicant and all household members are residents of Brown County ___Yes ___No
2. Applicant currently has a minor child(ren) residing in the home or is a non-custodial parent and is cooperating with the Child Support Enforcement Agency? (if a non-custodial parent, please include the child(ren)'s name(s) and information above) ___Yes ___No
3. Are you over the age of 18 and currently caring for a minor child(ren) other than your own, who physically resides in your household? ___Yes ___No
If yes, please specify how you are related. _____
4. All household members are citizens or lawful resident aliens? ___Yes ___No
5. Are any household members under sanction or an Intentional Program Violation or have an outstanding OWF or PRC fraud overpayment? ___Yes ___No
6. Are any household members failing to cooperate in establishing paternity or securing support? ___Yes ___No
7. Is anyone in your household a fugitive felon or parole violator? ___Yes ___No

COMPLETE SECOND PAGE OF APPLICATION ON THE BACK

BROWN COUNTY SELF DECLARATION OF INCOME APPLICATION

(1) Circle your Family Size 2 3 4 5 6 7 8 9 10 11 12

(2) Circle the Gross Monthly Income for your household (a household is all family members in the home) You must provide the last 30 days of earned or unearned income for all person(s) residing in the household.

200 % Federal Poverty Guideline

1	2024
2	2744
3	3464
4	4184
5	4904
6	5624
7	6344
8	7064

PLEASE NOTE YOU WILL NEED TO SUPPLY LAST 30 DAYS WORTH OF INCOME FOR EVERYONE IN THE HOUSEHOLD. YOU WILL NEED TO SUPPLY VERIFICATION SUCH AS PAY-STUBS, AWARD LETTER. ALSO YOU MUST LIST EVERYONE IN THE HOME WITH THEIR NAME, SOCIAL SECURITY NUMBER AND DATE OF BIRTH AND MUST LIST ALL INCOME FOR EACH INDIVIDUAL IN THE HOUSEHOLD.

All of the information on this application is true and complete to the best of my knowledge. I understand that if I purposely give false or misleading information on this application that the entire amount of assistance issued is a fraudulent payment.

Signature of Applicant _____ **Date** _____

Do not write below this line. Agency use only.
_____ AG is PRC Eligible _____ AG is ineligible for PRC
Date Approval/Denial Notice issued: _____
Denial reason:
Eligibility Determiner _____ Date _____

BCDJFS 5-2019

This program is contingent upon funding from the TANF/ Prevention, Retention, and Contingency Program