

## 2018 SUMMER FEEDING PROGRAM

### Household Information

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

| Name | Source of Income<br>i.e., SS, SSI, WC,<br>Earned income,<br>Child Support,<br>Unemployment | DOB | Grade<br>Child in<br>2017/2018<br>school year | SS# | Relationship to<br>Head of<br>Household |
|------|--|-----|---|-----|---|
|      |  |     |   |     |   |
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|                       |            |
|-----------------------|------------|
| 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 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)

|                |                 |
|----------------|-----------------|
| \$2024 or less | \$7784          |
| \$2744         | \$8504          |
| \$3464         | \$9244          |
| \$4184         | \$9944          |
| \$4904         | \$10664         |
| \$5624         | \$11384         |
| \$6344         | \$12104         |
| \$7064         | \$12824 or more |

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 \_\_\_\_\_

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