

# Income Declaration Form

Community Partners for Child Safety

## Documentation Guidelines for CPCS Staff

Please complete the Income Declaration Form if the family is willing but the family will still receive services if unwilling to complete documentation.

### INSTRUCTIONS FOR COMPLETING THE INCOME DECLARATION FORM:

1. Obtain or have the client/applicant complete the IDENTIFICATION information.
2. The form should only be completed by the individual who is the primary caregiver of the child. If the child is being cared for by a guardian or foster parent, then the form should be completed based off their financial information and not the bio parent's information. If the bio parent wants to receive services but does not have the child in their care, then they would not complete the form. Have the client check off all the people in the household from the list provided - This is the HOUSEHOLD for which the information is being collected:

- a. Family members to **include** in the family count **and** the income calculation:

Child	Father	Brother	Half-brother
Mother	Sister	Half-sister	Surrogate parent
Stepfather	Stepsister/stepbrother	Aunt	DFC caseworker
Stepmother	Grandfather/grandmother	Uncle	Other:

- b. Target Individual is **ineligible** for TANF funding source program **IF** any of these family members exist:

Foster Mother	Foster Father
Guardian	Zero Family Members

3. Have the client complete the applicable question(s) 3, 4 or 5 that indicate the household income. If the client/household has a Medicaid, TANF, SNAP or WIC card, make a clear copy of the card and a copy of the confirming document(s). Confirming documents tell you that coverage is currently in effect (not expired). Examples are:
  - a. recent Medicaid, SNAP or TANF award letter
  - b. A recent Medicaid/HIP statement of benefits or POWER Account statement
  - c. A recent SNAP or TANF statement of benefits
  - d. A recent letter from a Medicaid provider (Doctor, Therapist, etc.) saying the client has current coverage. Recipients of SNAP, TANF, Medicaid and WIC should be able to print off/screenshot/save electronic version proof of current eligibility from their program's benefits portal.
  - e. If the client receives support from a Charity, a copy of a letter from the charity identifying the client and the support.

If there is no confirming documentation, move on to Question 5 for proof of income.

4. For Question 5, have the client produce documentation of income from the last 30 days which clearly identifies the recipient. Make copies and return the documents. Examples are:
  - a. Paycheck stubs or Statement of Pay from the Employer (a letter, a form)
  - b. Notice of Direct deposit
  - c. W-2 form, Tax Return, Quarterly Tax Payment form (if recent)
  - d. Check stub or other Pay Notice from Social Security or another payer.
  - e. Bank Statement
  - f. Child Support Order

5. Have the client/applicant sign, then a staff member sign at the bottom of page 3 of the Income Declaration Form.
6. Using the Staff Information section on page 2 and referencing the Chart at the bottom of page 2, complete the calculation of the client household income in relation to the number of persons in the household and see where that falls on the Percentage of FPL Chart. Once that is complete, sign off on your results at "CPCS Signature."
7. Verification is only required annually. If a family re-enrolls you would not need to complete the Income Declaration Form again unless a year (12-month period) has passed since the last enrollment.

**NOTE:** All families who are served with TANF funds in this program must have their income verified prior to assessment. If the family is not able to provide **verifiable** documentation to show the family is at or below the 250% Federal Poverty Level, then the family **should not** be assigned to TANF funds.

**NOTE:** To check FSSA benefits please go to <https://fssabenefits.in.gov/bp/#/> and login. If the family has not already done this before they will be required to register. Once logged in, families can check case information and view benefits they are receiving and proof of eligibility.

# Income Declaration Form

Community Partners for Child Safety

Instructions for When to Use Form:

The form would be best utilized when the family will be enrolled in direct services from the CPCS program liaison.

The Community Partners for Child Safety (CPCS) program is funded by federal and state funds. Services are free to families and voluntary. To increase the number of free services available to families, the CPCS staff must collect income information and proof of parent/child relationship from all families at the first meeting. This information is confidential and only shared with funders. This information must be updated annually.

CPCS appreciates your cooperation. If you are unwilling or unable to provide the information listed here, the CPCS program may only be able to give you community resources based on the availability of local funding.

Identification and Members of Household: . Please fill in the information that applies for the household receiving services.							
<b>Name of Adult #1</b>		<b>SSN</b>		<b>DOB</b>		<b>Relationship to Household:</b>	
<b>Name of Adult #2</b>		<b>SSN</b>		<b>DOB</b>		<b>Relationship to Household:</b>	
<b>Name of Adult #3</b>		<b>SSN</b>		<b>DOB</b>		<b>Relationship to Household:</b>	
<b>Name of Adult #4</b>		<b>SSN</b>		<b>DOB</b>		<b>Relationship to Household:</b>	
<b>Name of Child #1</b>		<b>SSN</b>		<b>DOB</b>		<b>Relationship to Household:</b>	
<b>Name of Child #2</b>		<b>SSN</b>		<b>DOB</b>		<b>Relationship to Household:</b>	
<b>Name of Child #3</b>		<b>SSN</b>		<b>DOB</b>		<b>Relationship to Household:</b>	
<b>Name of Child #4</b>		<b>SSN</b>		<b>DOB</b>		<b>Relationship to Household:</b>	
<b>Name of Child #5</b>		<b>SSN</b>		<b>DOB</b>		<b>Relationship to Household:</b>	
<b>Name of Child #6</b>		<b>SSN</b>		<b>DOB</b>		<b>Relationship to Household:</b>	
<b>Name of Child #7</b>		<b>SSN</b>		<b>DOB</b>		<b>Relationship to Household:</b>	
<b>Name of Child #8</b>		<b>SSN</b>		<b>DOB</b>		<b>Relationship to Household:</b>	

<p><b>1. Who lives in your home?</b> Please check all that apply: Could we delete this box and replace with chart above to be specific to CPCS Program? We added a column to identify who lives in home (Relationship to Household)</p>		
<input type="checkbox"/> Mother of baby	<input type="checkbox"/> Prenatal baby	<input type="checkbox"/> Children of baby's father (if in home)
<input type="checkbox"/> Baby	<input type="checkbox"/> Children of mother & father (if in home)	<input type="checkbox"/> Father of baby (if in home)
<input type="checkbox"/> Prenatal mother	<input type="checkbox"/> Children of baby's mother (if in home)	<input type="checkbox"/> Other _____
<p>_____ <b>Total in household</b></p> <p>_____ <b>Adult #1</b></p>		

**Adult #2  
Children**

**2. Eligible with another service agency?** Please check all that apply:

SNAP (food assistance)                       Medicaid for minimum of at least one child or adult in home(not disability)                       Other \_\_\_\_\_  
 \_\_\_\_\_ Cash Assistance (TANF)                      (Provide name of agency or charity)

**RID # or Case ID#** \_\_\_\_\_

\* Provide documentation to demonstrate current enrollment with another service agency (Benefits summary from DFR, award letter, etc.)

**3. Eligible based on income - what is your annual gross income?** Please check all that apply:

Child Support \$ \_\_\_\_\_                       Unemployment benefits \$ \_\_\_\_\_                       Other Income \$ \_\_\_\_\_  
 Social Security benefits \$ \_\_\_\_\_                       Housing assistance \$ \_\_\_\_\_                      Please explain: \_\_\_\_\_  
 Social Security for child \$ \_\_\_\_\_                       Employment / Work \$ \_\_\_\_\_

\*Please provide documentation for the last 30 days

**4. Eligible based on NO income and NO assistance?** Please read and check below:

If you have NO income and get NO assistance, please complete and sign the No Income Form.                       Completed

**5. Certification**

I declare that the information I have given above is true to the best of my knowledge. I understand that the above information will be shared with Community Partners for Child Safety funders.

<b>Applicant/Client Signature</b>	<b>Date</b>
<b>Community Partners for Child Safety Staff</b>	<b>Date</b>

**FOR CPCS STAFF USE:**

After the client has completed the first page and CPCS Staff and the client have reviewed and signed, then CPCS Staff please read, complete, and sign the calculation instructions below.

CALCULATION INSTRUCTIONS:

- Calculate the client's annual income, then enter the client's annual income and number of persons in household:
  - Annual Gross Income: \$ \_\_\_\_\_ (Annual Gross Income from Item 4 on the first page), and
  - Persons in Household: \_\_\_\_\_ (As indicated in Item 2 on the first page – see detailed guidelines on page 3 for more information)

2. Find the **row** on the FPL chart below that represents the number of countable people in the household, then look across to the **column** that most closely matches the client's annual household income *without going over*, then select your result.

	<b>50%</b>	<b>100%</b>	<b>133%</b>	<b>200%</b>	<b>250%</b>	<b>300%</b>
<b>1</b>	<input type="checkbox"/> \$7,825	<input type="checkbox"/> \$15,650	<input type="checkbox"/> \$20,814.50	<input type="checkbox"/> \$31,300	<input type="checkbox"/> \$39,125	<input type="checkbox"/> \$46,950
<b>2</b>	<input type="checkbox"/> \$10,575	<input type="checkbox"/> \$21,150	<input type="checkbox"/> \$28,129.50	<input type="checkbox"/> \$42,300	<input type="checkbox"/> \$52,875	<input type="checkbox"/> \$63,450
<b>3</b>	<input type="checkbox"/> \$13,325	<input type="checkbox"/> \$26,650	<input type="checkbox"/> \$35,444.50	<input type="checkbox"/> \$53,300	<input type="checkbox"/> \$66,625	<input type="checkbox"/> \$79,950
<b>4</b>	<input type="checkbox"/> \$16,075	<input type="checkbox"/> \$32,150	<input type="checkbox"/> \$42,759.50	<input type="checkbox"/> \$64,300	<input type="checkbox"/> \$80,375	<input type="checkbox"/> \$96,450
<b>5</b>	<input type="checkbox"/> \$18,825	<input type="checkbox"/> \$37,650	<input type="checkbox"/> \$50,074.50	<input type="checkbox"/> \$75,300	<input type="checkbox"/> \$94,125	<input type="checkbox"/> \$112,950
<b>6</b>	<input type="checkbox"/> \$21,575	<input type="checkbox"/> \$43,150	<input type="checkbox"/> \$57,389.50	<input type="checkbox"/> \$86,300	<input type="checkbox"/> \$107,875	<input type="checkbox"/> \$129,450
<b>7</b>	<input type="checkbox"/> \$24,325	<input type="checkbox"/> \$48,650	<input type="checkbox"/> \$64,704.50	<input type="checkbox"/> \$97,300	<input type="checkbox"/> \$121,625	<input type="checkbox"/> \$145,950
<b>8</b>	<input type="checkbox"/> \$27,075	<input type="checkbox"/> \$54,150	<input type="checkbox"/> \$72,019.50	<input type="checkbox"/> \$108,300	<input type="checkbox"/> \$135,375	<input type="checkbox"/> \$162,450

**For each additional household member add \$5,500**  
**Number of household members \_\_\_\_\_ X \$5,500 = \_\_\_\_\_**

<b>CPCS Signature</b>	<b>Date</b>
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# NO INCOME FORM

## AFFIDAVIT

If a person or household applying for help from the Community Partners for Child Safety program claims to have no income, that person or each adult in that household should complete and sign one of these forms stating they have no income. The signed form(s) will be kept in the client file.

1. I hereby certify that I do not individually receive income from any of the following sources:
  - Wages from employment (including commissions, tips, bonuses, fees);
  - Income from operation of a business;
  - Rental income from real or personal property;
  - Interest or dividends from assets;
  - Social Security benefits, annuities, insurance policies, retirement funds, pension, death benefits;
  - Unemployment or disability payments;
  - Public assistance payments;
  - Periodic allowances such as child support, alimony, or gifts from persons living in my household;
  - Sales from self-employed resources (such as Mary Kay, Avon, Shaklee or similar business);
  - Any other source of income not named above.
2. I hereby certify that I have no income of any kind and do not expect any change in my financial status or employment status during the next three months.
3. I understand that providing false information here constitutes fraud. I understand that if I have provided false, misleading or incomplete information, I may be denied or lose benefits.
4. I hereby declare, under penalty of perjury under the laws of the State of Indiana that the information presented on this form is true and accurate to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

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Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

