

**Child Nutrition Program of Southern California  
Provider Living in Tier 2 School Boundaries  
Meal Benefits for Own Children and Tier 1 Eligibility Application and Instructions**

In order to qualify for Tier 1 reimbursement for meals served to **all** children in your care (including your own under the age of 13 years) you must income qualify according to guidelines set by USDA Child & Adult Care Food Program. Complete and return the attached **Provider Living in Tier 2 School Boundaries Meal Benefits for Own Children and Tier 1 Eligibility Application**. **You must also submit verification of all the income information provided on this application.**

If you provide household size and income information, keep in mind the following:

**OWN CHILDREN:** All children living in your home (under 13 years of age) are considered "own" children (related or non-related). **You may also be eligible for Tier 1 reimbursement and not have any own children under 13 years of age living in your home.** See below for Foster information.

**A Foster child is eligible for Tier 1 reimbursement regardless of your household income. A Foster child will not qualify your own children for CACFP benefits. One Eligibility Application must be completed per Foster child.**

To complete a **Provider Living in Tier 2 School Boundaries Meal Benefits for Own Children and Tier 1 Eligibility Application**, you must provide information regarding the receipt of CalFresh, CalWORKS, FDPIR, **or you must report and submit verification of all household income from all sources.**

The income to report, if working outside the home, is the Gross Monthly Income (before taxes or any deductions are taken out). For anyone self-employed (example, a Child Care Provider), the Net Monthly Income is reported. **Please see the back of this page and the back of the Eligibility Application for more information.**

Once approved for Tier 1, whether through income or proof of benefits (supported by a current case number for CalFresh, CalWORKs, or FDPIR), you will remain eligible for those benefits for a period not to exceed 12 months.

**The information that you provide is confidential and will be used only for eligibility determinations and verification of data.** It may be made available only to designated representatives of our agency, USDA, or CDE/CACFP.

We will contact you if you are not eligible for Tier 1 reimbursement for the children in your care based on the information you submitted. If you have any questions about this form, please contact our office at 619.465.4500 or 800.233.8107.

**INCOME ELIGIBILITY GUIDELINES**  
**Effective July 1, 2025 to June 30, 2026**

HOUSEHOLD SIZE	GROSS MONTHLY INCOME
1	2,413
2	3,261
3	4,109
4	4,957
5	5,805
6	6,653
7	7,501
8	8,349

For each additional family member, add..... \$ 848

A household is a group of related or unrelated individuals living together. Therefore, the income you report must be the total gross income listed by source for each household member received last month. If last month's income does not accurately reflect your circumstances, you may provide a projection of your monthly income. **Households receiving CalFresh, CalWORKS, FDPIR are automatically eligible with required verification.**

**SELF-EMPLOYED INCOME:**

Calculate your Child Care business "net income". When self-employed, your "net income" is the income amount you use to determine eligibility.

**GROSS MONTHLY INCOME CONVERSION:**

**\*\* Gross Income is income before taxes**

**Weekly**

Gross income multiplied by 52 (pay periods) divided by 12 (months) = Gross Monthly Income

**Bi-weekly (every 2 weeks)**

Gross income multiplied by 26 (pay periods) divided by 12 (months) = Gross Monthly Income

**Semi-monthly (twice a month)**

Gross income multiplied by 2 = Gross Monthly Income

**U.S. Department of Agriculture Nondiscrimination Statement**

In accordance with Federal law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, disability, and reprisal or retaliation for prior civil rights activity. (Not all prohibited bases apply to all programs.)

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, and American Sign Language) should contact the responsible State or local Agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form, which can be obtained online, at <https://www.ocio.usda.gov/document/ad-3027>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

mail:

U.S. Department of Agriculture

Office of the Assistant Secretary for Civil Rights

1400 Independence Avenue, SW

Washington, D.C. 20250-9410; or fax: (833) 256-1665 or (202) 690-7442 or email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

**This institution is an equal opportunity provider**

## **VERIFICATION OF MONTHLY INCOME REQUIRED**

### **EASY AS 1 - 2 - 3**

Providers living in a Tier 2 area, who would like to qualify to receive Tier 1 (higher rate) for all children in care including “own” children (if under the age of 13 years) **must review the following information. If qualifying by CalFresh, CalWORKS, FDPIR see instructions in #1 below. If qualifying by income see instructions in Section 2 below.**

1. **If receiving CalFresh, CalWORKS, or FDPIR, complete the “Provider Living in a Tier 2 School Boundary Meal Benefits for Own Children and Tier 1 Eligibility Application (last page of this packet) and include your current month’s verification of:**

- CalFresh, or CalWORKS Current Notice of Action Letter, Passport to Services or a Request Benefit Verification form. Submit a Verification Letter for FDPIR.

2. **All other providers requesting Tier 1 rates must include, with the completed “Provider living in Tier 2 School Boundaries Meal Benefits for Own Children and Tier 1 Eligibility Application” and Child Care Business Monthly Income Statement, and copies of the following:**

- Current (previous month) pay check stub(s) for all other wage earners in the household.
- Your most recent Federal U.S. IRS Individual Income Tax Return (**a copy of your 1040, page 1 and 2 with required signatures on page 2 and any Schedules (C, C-EZ, D, E, F, etc. to verify income).**

**(Other Income to Report and Verify (See back of Income Eligibility Application)**

#### **Social Security, Pension, Retirement**

- Social Security retirement benefit letter
- Statement of benefits received
- Pension award notice

#### **Unemployment Compensation, Disability or Worker's Compensation**

- Notice of eligibility form State Employment Security Office
- Current check stub
- Letter from Worker's Compensation

#### **Child Support, Alimony**

- Court decree, agreement or copies of current checks received

#### **All other income**

- Include verification that shows the amount of income received, how often received and date received.

**HOW TO COMPUTE TIME PERCENTAGE  
FOR PROVIDERS  
WHO USE 100% OF THEIR HOME FOR DAYCARE  
(You are not required to submit this worksheet)**

**TIME PERCENTAGE**

(A) = number of hours per week home is used for daycare

(B) = 168 hours in a week

$$\frac{\text{_____}}{A} \div \frac{\text{_____}}{B} = \frac{\text{_____}}{\text{(Time Percentage)}}$$

**OR**

**HOW TO COMPUTE TIME-SPACE PERCENTAGE  
FOR PROVIDERS  
WHO USE LESS THAN 100% OF THEIR HOME FOR DAYCARE**

**TIME-SPACE PERCENTAGE**

(A) = number of hours per week home is used for daycare

(B) = 168 hours in a week

(C) = number of square feet home is regularly used for business  
*(see worksheet on back of this form)*

(D) = total number of square feet in home  
*(see worksheet on back of this form)*

$$\frac{\text{_____}}{(A)} \div \frac{\text{_____}}{(B)} = \frac{\text{_____}}{\text{(Time Percentage)}}$$

$$\frac{\text{_____}}{(C)} \div \frac{\text{_____}}{(D)} = \frac{\text{_____}}{\text{(Space Percentage)}}$$

$$\frac{\text{_____}}{\text{Time Percentage}} \times \frac{\text{_____}}{\text{Space Percentage}} = \frac{\text{_____}}{\text{Time-Space Percentage}}$$

**Providers will use this Time Percentage or Time-Space Percentage calculation answer for the Time-Space Percentage on the Child Care Business Monthly Income Statement in the Shared Household Monthly Expenses and Yearly Expenses Sections.**

**Example: A provider who works 12 hours a day, 5 days a week would have a Time Percentage of 35% (60hrs ÷ 168hrs = 35%). Most providers use all of the rooms in their home for their business on a regular basis. A typical provider would therefore have a Time-Space percentage 35%.**

**SQUARE FOOTAGE IS THE LENGTH MULTIPLIED BY THE WIDTH OF A ROOM**

**EX: 12 FT BY 14 FT ROOM       $12 \times 14 = 168$  SQ. FT**

	<u>L x W</u>		<u>SQ. FT</u>
KITCHEN	_____	=	_____
DINING RM.	_____	=	_____
LIVING RM.	_____	=	_____
BED RM. 1	_____	=	_____
BED RM. 2	_____	=	_____
BED RM. 3	_____	=	_____
BATH RM. 1	_____	=	_____
BATH RM. 2	_____	=	_____
HALL WAY	_____	=	_____
OTHER		=	

TOTAL SQ. FT OF HOME \_\_\_\_\_ (D)

**DEDUCT ROOM'S SQ. FT NOT USED (IF ANY) -** \_\_\_\_\_

TOTAL SQ. FT USED FOR BUSINESS \_\_\_\_\_ (C)

**CHILD CARE BUSINESS  
MONTHLY INCOME STATEMENT**

Pro# 1234 \_\_\_\_\_

Month/Year 7/2025

MONTHLY INCOME FROM CHILD CARE BUSINESS	Amounts	Totals
Child Care Income from all sources (Parent, Subsidy, Alternative Payment, etc.)	3500	<b>(A) 3900</b>
Child Care Food Program Reimbursement (do not include reimbursement for own children)	400	
<b>TOTAL GROSS INCOME FROM CHILD CARE BUSINESS = (A)</b>		
<b>MONTHLY EXPENSES FOR CHILD CARE BUSINESS ONLY</b>		<b>(B) 1928.41</b>
Food (child care business only, do not include food costs for your own family)	700	
Toys, educational supplies, videos, etc. used only for child care business	100	
Assistants/ child care helpers	100	
Vehicle (For Child Care Business ONLY; enter the number of miles driven in the prior month and multiply the total by Standard 2025 Federal mileage rate) Monthly Child Care Business Miles _____ X .655 (65.5 cents) =	65.50	
Other monthly expenses related to child care business (specify) _____		
<b>SUB-TOTAL</b>	(1) 965.50	
<b>SHARED HOUSEHOLD MONTHLY EXPENSES</b>		
Utilities (gas, electric, water, garbage, etc.)	400	
<input type="checkbox"/> Mortgage interest ONLY (do not include principal amount) OR <input type="checkbox"/> Rent (check Mortgage interest or Rent box)	2000	
Household supplies ( cleaning supplies, paper products, etc.)	150	
Household minor repairs, maintenance, yard maintenance, etc.	100	
Other monthly shared household expenses (specify) _____		
<b>sub-total</b>	2650	
<b>SUB-TOTAL</b> (multiply sub-total by the Time-Space percentage*) <span style="float:right">2650 X 35 % =</span>	(2) 927.50	
<b>YEARLY EXPENSES</b>		
Property Tax		
Home Insurance OR Renter's Insurance	500	
<b>sub-total</b>	500	
<b>SUB-TOTAL</b> (multiply sub-total by the Time-Space percentage* and divide by 12 months) <span style="float:right">500 X .35% ÷ 12 =</span>	(3) 14.58	
Child Care Liability Insurance (divide by 12 months) <span style="float:right">_____ 250 ÷ 12 =</span>	(4) 20.83	
<b>TOTAL MONTHLY EXPENSES - Add SUB-TOTALS (1), (2), (3), and (4)</b>	<b>1+2+3+4 =</b>	
<b>MONTHLY NET INCOME</b> - Subtract Total Monthly Expenses (B) from Total Gross Income (A) <b>Note:</b> A monthly net income that is a negative number (a loss) must be reported as zero (0) on the Eligibility Application.	<b>(A) minus (B ) =</b>	<b>© 1971.59</b>

**PENALTIES FOR MISREPRESENTATION:** This statement reflects all my current actual income and expenses for my Child Care Business. Income and expenses listed are supported by receipts and/or other appropriate documentation and I understand that verification of all Child Care Business income and expenses may be required. **I certify that all of the above information is true and correct. I understand that this information is being given for the receipt of federal funds, that institution officials may verify the information on the statement and deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.**

Signature: *Susan Allen*

Date: **7/1/2025**

\*A provider who works 12 hours a day, 5 days a week would have a Time Percentage of 35% (60hrs ÷ 168hrs = 35%). Most providers use all of the rooms in their home for their business on a regular basis. A typical provider would therefore have a Time-Space percentage 35%. \*TIME-SPACE PERCENTAGE CALCULATION: The Time-Space percentage is used to determine how much of the expenses used by a provider's business and family can be deducted as a business expense. The formula to calculate this number is:  
**(a ÷ b) × (c ÷ d) =Time-Space Percentage**

# CHILD CARE BUSINESS MONTHLY INCOME STATEMENT

Pro# \_\_\_\_\_

Month/Year \_\_\_\_\_

MONTHLY INCOME FROM CHILD CARE BUSINESS	Amounts	Totals
Child Care Income from all sources (Parent, Subsidy, Alternative Payment, etc.)		(A)
Child Care Food Program Reimbursement (do not include reimbursement for own children)		
<b>TOTAL GROSS INCOME FROM CHILD CARE BUSINESS = (A)</b>		
<b>MONTHLY EXPENSES FOR CHILD CARE BUSINESS ONLY</b>		(B)
Food (child care business only, do not include food costs for your own family)		
Toys, educational supplies, videos, etc. used only for child care business		
Assistants/ child care helpers		
Vehicle (For Child Care Business ONLY; enter the number of miles driven in the prior month and multiply the total by Standard 2025 Federal mileage rate) Monthly Child Care Business Miles _____ X .655 (65.5 cents) =		
Other monthly expenses related to child care business (specify) _____		
<b>SUB-TOTAL</b>	(1)	
<b>SHARED HOUSEHOLD MONTHLY EXPENSES</b>		
Utilities (gas, electric, water, garbage, etc.)		
<input type="checkbox"/> Mortgage interest ONLY (do not include principal amount) OR <input type="checkbox"/> Rent (check Mortgage interest or Rent box)		
Household supplies ( cleaning supplies, paper products, etc.)		
Household minor repairs, maintenance, yard maintenance, etc.		
Other monthly shared household expenses (specify) _____		
<b>sub-total</b>		
<b>SUB-TOTAL</b> (multiply <b>sub-total</b> by the Time-Space percentage*) _____ X _____ % =	(2)	
<b>YEARLY EXPENSES</b>		(3)
Property Tax		
Home Insurance OR Renter's Insurance		
<b>sub-total</b>		
<b>SUB-TOTAL</b> (multiply sub-total by the Time-Space percentage* and divide by 12 months) _____ X _____ % ÷ 12 =	(4)	
Child Care Liability Insurance (divide by 12 months) _____ ÷ 12 =	(4)	(B)
<b>TOTAL MONTHLY EXPENSES - Add SUB-TOTALS (1), (2), (3), and (4)</b>	<b>1+2+3+4 =</b>	
<b>MONTHLY NET INCOME</b> - Subtract <b>Total Monthly Expenses (B)</b> from <b>Total Gross Income (A)</b> Note: A monthly net income that is a negative number (a loss) must be reported as zero (0) on the Eligibility Application.	<b>(A) minus (B) =</b>	(C)
<b>PENALTIES FOR MISREPRESENTATION:</b> This statement reflects <u>all</u> my current actual income and expenses for my Child Care Business. Income and expenses listed are supported by receipts and/or other appropriate documentation and I understand that verification of all Child Care Business income and expenses may be required. I certify that all of the above information is true and correct. I understand that this information is being given for the receipt of federal funds, that institution officials may verify the information on the statement and deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.		
Signature:		Date:

\* A provider who works 12 hours a day, 5 days a week would have a Time Percentage of 35% (60hrs ÷ 168hrs =35%). Most providers use all of the rooms in their home for their business on a regular basis. A typical provider would therefore have a Time-Space percentage 35%. \*TIME-SPACE PERCENTAGE CALCULATION: The Time-Space percentage is used to determine how much of the expenses used by a provider's business and family can be deducted as a business expense. The formula to calculate this number is:  

$$(a \div b) \times (c \div d) = \text{Time-Space Percentage}$$





PROVIDER LIVING IN TIER 2 SCHOOL BOUNDARIES  
MEAL BENEFITS FOR OWN CHILDREN AND TIER 1  
ELIGIBILITY APPLICATION

PY 25 - 26

(July 1, 2025– June 30, 2026)

PRO # \_\_\_\_\_

**PART 1 - OWN CHILDREN** (If claiming a FOSTER CHILD: Complete Part 1, Part 3, and Part 4. (Complete a separate application for each Foster Child). Attach a copy of current Foster Child Placement Verification.

CHILDREN'S NAMES (LAST, FIRST) UNDER 13 YEARS OF AGE	BIRTH DATE	AGE	✓ if FOSTER CHILD
1.			
2.			
3.			
4.			

**PART 2A - FOR HOUSEHOLDS RECEIVING CalFresh, CalWORKS, OR FDPIR BENEFITS:** Complete Part 2A, Part 3, Part 4 and ATTACH A CURRENT COPY OF ONE OF THE FOLLOWING: NOTICE OF ACTION, PASSPORT TO SERVICES, REQUEST BENEFIT VERIFICATION FORM, OR AN APPROVAL LETTER. DO NOT COMPLETE PART 2B.

CalFresh Case Number: \_\_\_\_\_ CalWORKS Case Number: \_\_\_\_\_

FDPIR Case Number: \_\_\_\_\_

**PART 2B - OTHER HOUSEHOLDS MEMBERS AND INCOME:** If you did not complete Part 2A, above, complete Part 2B, Part 3, and Part 4.

Current **Gross** Income (Monthly Income Conversion: **Weekly** x 52 divided by 12, **Every 2 Weeks** x 26 divided by 12, **Twice A Month** x 2)  
If no income, indicate no income. Do not leave blank.

Names of <b>All</b> Other Household Members (including children 13 years and older) (do not include children listed in Part 1)	Earnings from Job 1 Employment, Child Care Business*	Child Support, Alimony, etc.	Retirement, Pensions, Social Security, etc.	All Other Income (include foster child's personal- use income here)
(Last, First) (age of children)	Monthly Amount	Monthly Amount	Monthly Amount	Monthly Amount
1.	\$	\$	\$	\$
2.	\$	\$	\$	\$
3.	\$	\$	\$	\$
4.	\$	\$	\$	\$

**PART 3 - SIGNATURE:** An adult household member must sign the statement before it can be approved.

**PENALTIES FOR MISREPRESENTATION:** I certify that all of the above information is true and correct and that the CalFresh, CalWORKS, or FDPIR case number, or other eligible case number is current, correct, or that all income is reported. I understand that this information is being given for the receipt of federal funds, that agency officials may verify the information on the Meal Benefit Form and deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

Printed Name of Adult	Home Address	Home Telephone Number ( )	Date
Signature of Adult	City	Zip	Last Four Digits of the Social Security Number If NO SS# Check Box <input type="checkbox"/>

**PART 4 - RACIAL / ETHNIC IDENTITY:** Identification is voluntary Ethnic Identity: Hispanic or Latino ☐ Not Hispanic or Latino ☐

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

**PART 5 - FOR CCFP SPONSOR USE ONLY:**

Income Eligible: Yes ☐ No ☐ Household Size \_\_\_\_\_ Household Income \$ \_\_\_\_\_

Categorically Eligible Program: CalFresh CalWORKS FDPIR Foster Child

Determining Official Signature: \_\_\_\_\_ Certification Date: \_\_\_\_\_

\* Use **MONTHLY NET INCOME (C)** from the **CHILD CARE BUSINESS MONTHLY INCOME STATEMENT**

**PROVIDER LIVING IN TIER 2 SCHOOL BOUNDARIES MEAL BENEFITS FOR OWN CHILDREN AND TIER 1  
ELIGIBILITY APPLICATION INSTRUCTIONS  
ALL HOUSEHOLD INCOME MUST BE VERIFIED (SEE ATTACHED VERIFICATION INFORMATION)**

Please complete the **PROVIDER LIVING IN A TIER 2 SCHOOL BOUNDARY MEALS BENEFITS FOR OWN CHILDREN AND TIER 1 ELIGIBILITY APPLICATION** using the instructions below. Sign the statement and return it to the sponsoring organization. Call the Child Nutrition Program of Southern California at 619.465.4500 or 800.233.8107 for additional assistance.

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**PART 1** - Print Own Children, Foster Children's Name (See instructions for Foster Children), leave blank if none.

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**PART 2A - FOR HOUSEHOLDS RECEIVING CalFresh, CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY FOR KIDS (CalWORKS), FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPPIR) BENEFITS.** Complete Part 2A, Part 3, and Part 4.

- (1) List your current CalFresh, case number or your CalWORKS, or FDPPIR identification number for the participant and ATTACH A COPY OF YOUR NOTICE OF ACTION, PASSPORT TO SERVICES, REQUEST BENEFIT VERIFICATION FORM, OR AN APPROVAL LETTER.
  - (2) An adult household member must sign and date the statement in Part 3. If you listed a CalFresh, CalWORKS, or FDPPIR number or if the application is for a foster child, a social security number is not needed.
  - (3) **FOSTER CHILD:** Complete Part 1, Part 3, and Part 4 for each foster child living in your home and enrolled for care. Complete one Application for each foster child (CNFDD 3111).
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**PART 2B - OTHER HOUSEHOLDS:** If you did not complete Part 2A above, complete Part 2B, Part 3, and Part 4.

- (1) Write the names of everyone in your household.
  - (2) Write the amount of income (before taxes or anything else is taken out), received last month for each household member, and where it came from, such as earnings, pension, and other income (refer to examples below for types of income to report). If any amount last month was more or less than usual, write that person's usual income.
  - (3) You or another adult household member must sign and give his/her last four digits of their social security number.
  - (4) When reporting income, the adult household member who signs the statement must include his/her last four digits of their social security number. If he/she does not have a social security number, check box "none".
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**PART 3 - SIGNATURE: ALL HOUSEHOLDS COMPLETE THIS PART.** All Provider Eligibility Applications must have the signature of an adult household member and date signed. (Include the last four digits of their social security number).

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**PART 4 - RACIAL/ETHNIC IDENTITY: IDENTIFICATION OF CHILDREN IS VOLUNTARY.**

You are not required to complete this Part to receive meal benefits. However, this information will help ensure that everyone is treated fairly.

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**Privacy Act Statement**

The Richard B. Russell National School Lunch Act (NSLA) 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 SSN of the adult household member who signs the application. The last four digits of the SSN are not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP, or CalFresh), Temporary Assistance for Needy Families (TANF, or CalWORKS) Program, or FDPPIR case number for the participant or other (FDPPIR) identifier or when you indicate that the adult household member signing the application does not have an SSN. We will use your information to determine if the participant is eligible for free or reduced-price meals, and for the administration and enforcement of the program.

The last four digits of the SSN may be used to identify the household member in verifying the correctness of the information stated on the form. This may include program reviews, audits and investigations, and may include contacting employers to determine income, contacting a CalFresh, CalWORKS, or FDPPIR office to determine current certification for CalFresh, CalWORKS, or FDPPIR benefits, contacting the state employment security office to determine 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 or reduction of benefits, administrative claims, or legal actions if incorrect information is reported. The last four digits of the SSN may also be disclosed to programs as authorized under the NSLA and the Child Nutrition Act, the Comptroller General of the United States, and law enforcement officials for the purpose of investigating violations of certain federal, state, and local education, and health and nutrition programs.

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**PART 5 - FOR SPONSOR USE ONLY:** It is the sponsor's responsibility to complete all areas of Part 5 (certification, signature and date).

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**INCOME TO REPORT**

Earnings from Employment

Wages, Salaries, Tips, Strike benefits, Unemployment Compensation, Worker's Compensation, Net income from self-employment (Child Care business or other).

Child Support/Alimony

Public assistance payments, Child Support payments, Alimony payments.

Pensions/Retirement/Social Security

Pensions, Supplemental Security income, Retirement income, Veteran's payments, Social Security.

Other Income

Disability benefits, Cash withdrawn from savings, Interest dividends, Income from Estates/Trusts/Investments, Regular contributions from persons not living in household, Net royalties/annuities/net rental income, Any other.

Military Households

All Entitlements, including Basic Pay, BAS, BAH (if living off base), Uniform allowances, etc. Do NOT include Imminent Danger Pay (Hazardous Duty Pay), or BAH amount if shown as an Entitlement and also as a Deduction.