**Sponsor Name**

*Date Created/ Revised*

**Procedure for**: Confidential Income Statement (CIS)

**This Record Applies to:** Child Care, Head Start (if community or sibling meals are claimed), Adult Day Care, and Outside School Hours CenterParticipants.

*When completed, this template will serve as your organization’s written procedure for the task above. All staff involved in this procedure must review and be knowledgeable on how to implement this. ODE CNP expects that following this procedure will produce accurate outcomes when replicated. Please complete all fillable fields, as applicable, to your program. If a field is not applicable, you may delete the information in the field. If an item has a checkbox, only select the item if it will be included in your procedure. If not, do not select the checkbox item. If you have any questions, please contact your assigned Child Nutrition Specialist.*

**Overview of Record:** The Sponsor must distribute CISs and the Letter to Households to all participants/ families at the time of enrollment and annually, thereafter. Completion of the CIS form is voluntary and is not required for meals to be claimed for the participant or for the participant to be listed on the One Month Enrollment Report (OMER). CISs are effective from the first day of the month in which the form was signed by Sponsor Staff or Parent/ Guardian through the last day of that same calendar month, twelve months later.

The Sponsor collects and reviews the CISs that are returned by parents/guardians or participants. An eligibility determination is made based on the information provided on the CIS. Participants who do not return a completed CIS are considered to be Above Scale. Sponsor must keep all completed CIS forms on file for participants eligible for Free or Reduced Price Meals.

*All information on the CIS is confidential.* Sponsors must have systems in place to ensure that no one is allowed access to these documents other than authorized Sponsor representatives, ODE CNP, and USDA staff (upon request).

1. **Record Process & Timeline:**
2. The Position Title in CNPweb will distribute the CIS through Registration packet, Handbook, etc. in Month to all program participants/ guardians annually and to new, incoming participants/ guardians at the time of enrollment. (Check fields as applicable)
   1. New, incoming participants/families will receive the blank CIS Describe when & how incoming participants/families will recieve the form .
   2. CISs for current participants must be filled out and signed between Date and Date (or, if Date falls on a non-working day, the first business day after this date), regardless of when the participant was first enrolled or if the participant is new or returning.

Forms not returned in the time frames listed above will be followed up with by the Position Title in CNPweb via describe methods to follow up within number of days.

1. Completed CISs will be returned to Position Title in CNPweb to perform the initial review. If a completed CIS is returned to another staff member, describe how the form will be relayed to Position Title in CNPweb.
   1. Describe where CISs will be maintained during the collection/ review process
2. The Position Title in CNPweb will review all CISs for completeness and accuracy. Within Number Days from the date the Adult Household Member returns/ signs the form, Position Title in CNPweb will ensure the CIS is completed.
   1. The top of the CIS explains the different ways eligibility may be determined. Using that as a guide, the following is what is needed for each section in order for it to be considered complete:

For Child Care, Head Start, and OSHC:

* + - 1. Section 1- All lines must be completed.
      2. Section 2- Information must be completed for all participants in care.
         1. If the participant is a foster child, the check box must be marked. Additional documentation showing the foster care is ordered by a government agency must be maintained.
      3. Section 3- All lines must be completed and type of benefit received marked. Ensure the Case Number is accurate based on the type of assistance received.
      4. Section 4- The number living in household (section 1) should either match the number of household members here or be the total listed in section 2 and section 4.
         1. If no information is in column 2- 6, assume the household member does not have an income.
      5. Section 5- Must be signed, dated, and have either the last 4-digits of the SSN completed or the box checked that they do not have a SSN.
      6. Section 6- This is optional.

For Adult Day Care:

1. Section 1- All lines must completed.
   * + - 1. If the participant has no income, the box must be checked.
2. Section 2- All lines must be completed and type of benefit received marked. Ensure the Case Number is accurate based on the type of assistance received.
3. Section 3- If no information is in column 2-6, assume the household member does not have an income.
4. Section 4- Must be signed, dated, and have either the last 4-digits of the SSN completed or the box checked that they do not have a SSN.
5. Section 5- This is optional.
   1. If a form has an error or is incomplete, the Position Title in CNPweb will contact the participant/ guardian to have the form corrected.
   2. CIS forms must be filled out, signed, and returned within number of days. Forms not returned in this time frame will be followed up with by the Position Title in CNPweb via describe methods to follow up within number of days.
6. Position Title in CNPweb will give the form to Position Title in CNPweb or maintain the form to conduct the eligibility determination review. Within Number Days from the date the Adult Household Member returns/ signs the form, Position Title in CNPweb will determine the participant’s eligibility:

Child Care, Head Start, or OSHC:

* + 1. If Section 2 is completed AND the “Check if Foster Child” box is checked- This information will be used to determine eligibility and the Determining Official will complete the Eligibility, Eligibility based on, and Determining Official’s signature and Date Lines in the Sponsor Use Only section.
       - 1. If the foster care is selected, the sponsor must maintain documentation from the family with the CIS to show that it is formal arrangement made by state or local authorities.
    2. If Section 3 is completed- This information will be used to determine eligibility and the Determining Official will complete the Eligibility, Eligibility based on, and Determining Official’s signature and Date Lines in the Sponsor Use Only section.
    3. If Section 4 is completed- This information will be used to determine eligibility and the Determining Official will complete the Total Income, Number in Household, Eligibility, Eligibility based on, and Determining Official’s signature and Date Lines in the Sponsor Use Only section.
       1. The Determining Official will use the income Eligibility Guidelines found on the ODE CNP CACFP Public Website.
    4. If multiple sections are completed, sponsor staff will use the most convenient route to determine eligibility.
       1. Foster Care (Section 2) is most convenient
          1. If the foster care is selected, the sponsor must maintain documentation from the family with the CIS to show that it is formal arrangement made by state or local authorities.
       2. Public Benefits (Section 3) is second most convenient
       3. Household Income (Section 4) is least convenient

Adult Day Care:

1. If Section 1 is completed AND “No Income” is checked- This information will be used to determine eligibility IF there are no household members listed in section 3. The Determining Official will complete the Eligibility, Eligibility based on, and Determining Official’s signature and Date Lines in the Sponsor Use Only section.
2. If Section 2 is completed- This information will be used to determine eligibility and the Determining Official will complete the Eligibility, Eligibility based on, and Determining Official’s signature and Date Lines in the Sponsor Use Only section.
3. If Section 3 is completed- This information will be used to determine eligibility and the Determining Official will complete the Total Income, Number in Household, Eligibility, Eligibility based on, and Determining Official’s signature and Date Lines in the Sponsor Use Only section.
   1. The Determining Official will use the income Eligibility Guidelines found on the ODE CNP CACFP Public Website.
4. If multiple sections are completed, sponsor staff will use the most convenient route to determine eligibility.
   1. Public Benefits (Section 2) is most convenient
   2. Household Income (Section 3) is least convenient
5. The Position Title in CNPweb will have the Position Title in CNPweb double check each CIS for completeness and accuracy within number of days from the date the determining official signs the form.
   1. This will be documented in Second Check Signature and Date in the Sponsor Use Section of the CIS.
6. It is the Position Title in CNPweb’s responsibility to make certain all completed CISs are successfully collected and compiled by Date.
7. These forms will then be used to compile the One Month Enrollment Roster (OMER) and subsequently filed in their appropriate location.
8. Expiring Forms:

Position Title in CNPweb will review forms monthly, by a certain date each month, the 1st each month, etc. to ensure a current form is on file for all participants.

* 1. If a current form is not on file for a participant, Position Title in CNPweb will describe what staff will do to ensure a new or updated CIS is on file.
  2. CIS forms must be filled out, signed, and returned within number of days. Forms not returned in this time frame will be followed up with by the Position Title in CNPweb via describe methods to follow up within number of days.

Describe reminder system for expiring CISs, which is managed by Position Title in CNPweb, who will review forms to ensure a current form is on file for all participants.

* 1. If a current form is not on file for a participant, Position Title in CNPweb will describe what staff will do to ensure a new or updated CIS is on file.

1. CIS forms must be filled out, signed, and returned within number of days. Forms not returned in this time frame will be followed up with by the Position Title in CNPweb via describe methods to follow up within number of days.
2. Annual Form updates to CIS forms and the eligibility determinations are available prior to July each year and are available on the public ODE CNP CACFP website.
   1. Position Title in CNPweb will describe what staff will do to ensure current CIS forms are distributed to participants/families.
3. **Where the Completed Record is Kept:** Describe what location and what room these records will be held. Include any information that would be neccessary for someone to locate these forms. Example: The CIS file folder in the top drawer of the filing cabinet in the director's office at XXX.
4. **Procedure back-ups:** IfPosition Title in CNPweb is unavailable for Step Number(s) then Position Title in CNPweb will take the lead. IfPosition Title in CNPweb is unavailable for Step Number(s) then Position Title in CNPweb will take the lead.

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