

Child and Adult Care Food Program Income Eligibility Form

PART 1 (This part must be completed for all participants. Enter the participant(s) name and information.)

Participant's Name: _____ **DOB:** _____
 Last First Middle Initial

White Black Hispanic/Latino Am. Indian/Alaskan Native Hawaiian/Alaskan Asian/Pacific Islander
 (Circle one – needed for statistical reporting)

Participant's Name: _____ **DOB:** _____
 Last First Middle Initial

White Black Hispanic/Latino Am. Indian/Alaskan Native Hawaiian/Alaskan Asian/Pacific Islander
 (Circle one – needed for statistical reporting)

Start Date: _____ **Arrival Time:** _____ **AM/PM** **Departure Time:** _____ **AM/PM** **Shift Work:** Yes/No

Normal days of week Participant(s) is/are in care (circle all that apply): **Mon Tues Wed Thurs Fri Sat Sun**

Meals eaten at Providers/Center: (Circle all that apply. CACFP provides reimbursement for up to 2 approved meals and one snack per day/participant):
Breakfast AM Snack Lunch PM Snack Supper Evening Snack

PART 2A – HOUSEHOLDS NOW GETTING SNAP OR TANF: _____ *Complete this Part; skip to Part 3 to sign and date this form.*
SNAP Case Number (i.e., Food Stamp): _____ **TANF Case Number:** _____

PART 2B – FOSTER CHILD - Check box if a foster child: * (The legal responsibility of a welfare agency or court.) Include personal income earned by the foster child only. Foster payments received by the family from the placing agency are not considered income and do not need to be reported. Write the child's income: _____ Month/ Year. *A copy of the State or local agency document indicating a child's foster status is required to be on file at the child care institution. *Complete this part; skip to Part 3 to sign and date this form.*

PART 2C – HOMELESS - Check Box if homeless: *Complete this part; skip to Part 3 to sign and date this form.*

PART 2D – HOUSEHOLD INCOME – If you do not need to complete Part 2A, 2B or 2C, complete this Part and Part 3 to sign and date this form.
 NAMES CURRENT INCOME (Please indicate by Week/Bi-Wk/2x's Mo/Month/Year)

List Names of All Household Members (Attach Any Additional Members)	Earnings from Work (Before Deductions) Job 1	Welfare, Child Support, Alimony	Payments from Pensions, Retirement, Social Security	Earnings from Job 2 or any Other Income
(Example) - Jane Smith	\$200/weekly	\$150/twice a month	\$100/monthly	\$
1	\$	\$	\$	\$
2	\$	\$	\$	\$
3	\$	\$	\$	\$
4	\$	\$	\$	\$
5	\$	\$	\$	\$

PART 3 – SIGNATURE and LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: An adult household member must **sign and date** this form before it can be approved. If Part 2D is completed, the adult signing the form must also list the **last four digits** of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

PENALTIES FOR MISREPRESENTATION: I certify that all of the above information is true and correct, that the SNAP or TANF Number is correct, and that all income is reported. 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 that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

Printed Name of Adult _____ **Signature of Adult** _____ **Date** _____

Home Address: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Last four digits of Social Security Number: * * * - * * - _____ I do not have a Social Security Number

SPONSOR USE ONLY: Categorical Eligibility (If Yes, Check One): SNAP (Food Stamp) Household TANF Household Head-Start ECAP Foster Child(ren) Homeless Participant(s) **DATE WITHDRAWN:** _____

Total Family Income: _____ Family Size: _____ (Include all Participants)
Monthly Income Conversion: Weekly x 52; Every Two Weeks x 26; Twice a Month x 24; Monthly x 12

ELIGIBILITY - Based on the information provided this application will be:
 Approved FREE Approved REDUCED Denied – The meals will be claimed in the PAID category.

Temporary Approval: Approved Free. **This application reported zero income. Temporary approval is good for 45 days and expires on _____ . Re-evaluate income after that date.**

Determining Official Signature: _____ Review/Effective Date: _____

Instructions for Completing the Child and Adult Care Food Program Income Eligibility Form (Child Care)

Please complete the Child and Adult Care Food Program Income Eligibility Form using the instructions below. Sign the form and return it to the center/sponsor. Call the center/sponsor if you need help. Telephone Number: (302) _____.

PART 1: PARTICIPANT'S INFORMATION: ALL HOUSEHOLDS COMPLETE THIS PART.

- (1) Print the name or names of the Participant(s) enrolled.
- (2) RACIAL/ETHNIC IDENTITY: COMPLETE THE RACIAL/ETHNIC IDENTITY. You are not required to answer this question to get meal benefits. This information will help ensure that everyone is treated fairly.
- (3) Start date, arrival and departure times, normal days and normal meals must be completed at the time of enrollment and/or renewal.

PART 2A: ONLY HOUSEHOLDS GETTING FOOD STAMPS OR TANF BENEFITS: COMPLETE THIS PART AND PART 3.

- (1) List your current Food Stamps Case Number or your TANF Identification Number for the participant. DO NOT complete Part 2B, 2C or 2D.
- (2) An adult household member must sign the form in Part 3.

PART 2B: ONLY HOUSEHOLDS ENROLLING A FOSTER CHILD: COMPLETE THIS PART AND PART 3. Refer to specific instructions. List all foster children. Check the box indicating that the child is a foster child.

PART 2C: HOMELESS ENROLLEES ONLY. CHECK THE BOX AND COMPLETE PART 3.

PART 2D: ANY HOUSEHOLD REPORTING TOTAL HOUSEHOLD INCOME. COMPLETE THIS PART AND PART 3.

- (1) Write the names of everyone in your household.
- (2) Write the amount of income received last month for each household member (the amount before taxes or before anything else is taken out), and where it came from, such as earnings, welfare, pensions, 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) An adult household member reporting total household income must sign the form and include the last four digits of his/her Social Security Number in **PART 3**.

Note to Center/Reviewer: If you are uncertain of how the family receives income (monthly, weekly, bi-weekly, annually) consider the income reported as the income for the month. If this is not workable, contact the family for clarification.

INCOME TO REPORT		
Earnings From Employment:	Pensions/Retirement/Social Security:	Other Income:
Wages/Salaries/Tips Strike Benefits Unemployment Compensation Worker's Compensation Net income from self-owned business or farm	Pensions, Supplemental Security Income Cash withdrawn from savings, Retirement Income Veteran's Payments Social Security Regular contributions from persons not living in the household	Disability Benefits Interest/Dividends Income from Estate/Trusts/Investments Net Royalties/Annuities Net Rental Income Any Other Income
Welfare/Child Support/Alimony:	Military Household:	Foster Child's Income:
Public Assistance Payments Welfare Payments Alimony/Child Support	All cash income, including military housing/ uniform allowances Does not include "in-kind" benefits NOT paid in cash (base housing, medical care, clothing, food, etc.)	ONLY funds from welfare agency identified by category for personal use of child (clothing, school fees, etc.), funds from child's family for personal use, and earnings from other sources (i.e., occasional or part-time employment) need to be included. DO NOT count funds from welfare agency for shelter, care, etc.

PART 3: CERTIFICATION - SIGNATURE AND SOCIAL SECURITY NUMBER: ALL HOUSEHOLDS COMPLETE THIS PART.

- (1) All Income Eligibility Forms must have the signature of an adult household member.
- (2) The adult household member who signs the form must include the last four digits of his/her Social Security Number **IF** the participant is eligible for "free or reduced" based on household income. Section 9 of the National School Lunch Act requires that unless the participant's SNAP (food stamp), TANF case number is provided or the participant is a foster child or homeless, you must include the last four digits of the Social Security Number of the household member signing the statement, or an indication that the household member signing the statement does not possess a Social Security Number. Provision of the last 4 digits of the Social Security Number is not mandatory, but if a Social Security Number is not provided or an indication is not made that the adult household member signing the statement does not have one, the statement cannot be approved. The Social Security Number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the statement. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a SNAP or TANF office to determine current certification for receipt of SNAP or TANF 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 action. If he/she does not have a Social Security Number, check the "I do not have a Social Security Number" box.
- (3) If you listed a **SNAP** or **TANF** case number or the participant is a **Head Start, ECAP, Foster** or **Homeless** child, the last four digits of a Social Security Number **is not** needed.

SPONSOR USE ONLY – Eligibility Determination: To be completed by Child Care Representatives ONLY. (1) Complete total household income and family size section. Compare total Income to *Household Income Eligibility Guidelines*. When household incomes are listed from different pay persons, you must convert all income to yearly income using the conversion table listed. Follow other instruction as indicated. (2) The review/effective date can be made retroactive back to the first day the child participates in the CACFP as long as it occurs in the same month this form is received.

PRIVACY ACT STATEMENT: *The Richard B. Russell National School Lunch Act 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 Social Security Number of the adult household member who signs the application. The Social Security Number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP, i.e., Food Stamp), Temporary Assistance for Needy Families (TANF) Program or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced price meals, and for administration and enforcement of the Program.*

NON-DISCRIMINATION STATEMENT: *In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). TDD users can contact USDA through local relay or the Federal Relay at (800) 877-8339 (TDD) or (866) 377-8642 (relay voice users). USDA is an equal opportunity provider and employer.*