

Child and Adult Care Food Program Income Eligibility Form

Center Name: _____

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:
 SNAP Case Number (i.e., Food Stamp): _____

Complete this Part; skip to Part 3 to sign and date this form.
 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.

List Names of All Household Members (Attach Any Additional Members)	CURRENT INCOME (Please indicate by Week/Bi-Wk/2x's Mo/Month/Year)			
	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: _____

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