



CHILD AND ADULT CARE FOOD PROGRAM

CHILD CARE CENTER MEAL BENEFIT INCOME ELIGIBILITY FORM 2017-2018

PART 1. ALL HOUSEHOLD MEMBERS	CHECK ✓ IF A FOSTER CHILD <i>(the legal responsibility of a welfare agency or court)</i>	
Name(s) of Enrolled Child(ren):	IF ALL CHILDREN LISTED BELOW ARE FOSTER CHILDREN, SKIP TO PART 2 TO SIGN THIS FORM	CHECK ✓ IF NO INCOME
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
Name(s) of All Household Members (FIRST, MIDDLE INITIAL, LAST):		
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

PART 2. BENEFITS

If any member of your household received State SNAP, FDPIR, or State TANF, Cash Assistance, provide the name and case number for the person who receives benefits. If no one receives these benefits, skip to Part 3.

NAME:	CASE NUMBER:	
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PART 3. HMR STATUS

If any child you are applying for is homeless, a migrant, or a runaway, check ✓ the appropriate box and call your school's Homeless Liaison/Migrant Coordinator.

	HOMELESS	MIGRANT	RUNAWAY
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART 4. TOTAL HOUSEHOLD GROSS INCOME

NAME <i>(List only household members with income)</i>	EARNINGS FROM WORK BEFORE DEDUCTIONS	WELFARE, CHILD SUPPORT, ALIMONY	PENSIONS, RETIREMENT, SOCIAL SECURITY, SSI, VA BENEFITS	ALL OTHER INCOME
<i>(Example) – JANE SMITH</i>	\$ <u>200</u> / <u>Weekly</u>	\$ <u>150</u> / <u>Bi-Weekly</u>	\$ <u>100</u> / <u>Monthly</u>	\$ <u>10</u> / <u>Hour</u>
	\$ ___ / _____	\$ ___ / _____	\$ ___ / _____	\$ ___ / _____
	\$ ___ / _____	\$ ___ / _____	\$ ___ / _____	\$ ___ / _____
	\$ ___ / _____	\$ ___ / _____	\$ ___ / _____	\$ ___ / _____
	\$ ___ / _____	\$ ___ / _____	\$ ___ / _____	\$ ___ / _____

PART 5. SIGNATURE & LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN)

An adult household member must sign this form.. If Part 3 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)

I certify that all information on this form is true and that all income is reported. I understand that the child or adult day care center will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.

Sign Here _____ Print Name: _____ Date _____

ADDRESS:

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CITY:	STATE:	ZIP CODE:
	[Redacted]	[Redacted]

LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER:		<input type="checkbox"/> I do not have a Social Security Number
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PART 6. PARTICIPANT'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)

Mark <input checked="" type="checkbox"/> one ethnic identity:	Mark <input checked="" type="checkbox"/> one or more racial identities:	
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Non-Hispanic or Latino	<input type="checkbox"/> White or Caucasian	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
	<input type="checkbox"/> Black or African American	

DON'T FILL OUT THIS PART. THIS IS FOR OFFICIAL USE ONLY.

<i>Annual Income Conversion:</i>	<i>Weekly x 52</i>	<i>Every 2 weeks x 26</i>	<i>Twice a Month x 24</i>	<i>Monthly x 12</i>	
Total Income: _____	PER: <input type="checkbox"/> Week	<input type="checkbox"/> Every 2 Weeks	<input type="checkbox"/> Twice a Month	<input type="checkbox"/> Monthly	<input type="checkbox"/> Year Household Size _____
Categorical Eligibility: _____	Free _____	Reduced _____	Denied (Paid) _____	Date Withdrawn: _____	
Reason for Denial: _____					
Temporary: _____	Free _____	Reduced _____	Time Period: _____	<i>(expires after _____ days)</i>	
Determining Official's Signature: _____					
Confirming Official's Signature: _____					
Follow Up Official's Signature: _____					

	HOUSEHOLD SIZE	YEARLY
<i>The participant in the day care facility may qualify for free or reduced price meals if your household income falls within the limits on this chart.</i>	1	\$21,776
	2	\$29,471
	3	\$37,167
	4	\$44,863
	5	\$52,559
	6	\$60,255
	7	\$67,951
	8	\$75,647
		Each additional person:

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), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for the participant or other (FDPIR) identifier 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: This explains what to do if you believe you have been treated unfairly. "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 Adjudication, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339, or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

