

Child & Adult Care Food Program Income Eligibility Form

PART 1

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

White Black Hispanic/Latino Am. Indian/ Alaskan Native Hawaiian/ Alaskan Asian/ Pacific Islander
 (Circle one - Required 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 - Required 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 Thu 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 FOOD STAMPS OR ABC (FORMERLY AFDC): Complete this Part and sign the Statement in Part 3 - DO NOT complete Part 2B. Food Stamp Case Number: _____ ABC Case Number: _____

PART 2B - ALL OTHER HOUSEHOLDS - If you did not complete Part 2A, complete this Part and Part 3
 NAMES CURRENT INCOME

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
1	\$: :	\$: :	\$: :	\$: :
2	\$: :	\$: :	\$: :	\$: :
3	\$: :	\$: :	\$: :	\$: :

Part 2C - Foster Child (A Foster Child is a ward of the State and a copy of the custody order is required for documentation): Complete this Part and Part 3. If this is a foster child, check here [] and write the child's income and how often it is received here:
 \$ _____ / _____

PART 3 - SIGNATURE: An adult household member must sign the form before it can be approved.
PENALTIES FOR MISREPRESENTATION: I certify that all of the above information is true and correct and that the Food Stamp Number or ABC 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 this 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: _____

Social Security Number: _____ Home Phone: _____ Work Phone: _____

Sponsor Use Only: Food Stamp/ABC household categorically eligible for program benefits: [] YES [] No

Total Family Income: _____ Family Size: _____
Monthly Income Conversion: Weekly x 4.33; Every Two Weeks x 2.15; Twice a Month x 2

Eligible For: FREE [] REDUCED [] NOT Eligible for FREE or REDUCED []

Determining Official Signature: _____ Date: _____

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Over (instructions on reverse side) =>

Child & Adult Care Food Program Income Eligibility Form

INCOME ELIGIBILITY FORM INSTRUCTIONS

Please complete the Child & 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: ()

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

Print the name or names of the child (ren) enrolled.

RACIAL/ETHNIC IDENTITY: COMPLETE THE RACIAL/ETHNIC IDENTITY QUESTION IF YOU WISH. You are not required to answer this question to get meal benefits. However, this information will help ensure that everyone is treated fairly.

PART 2A: HOUSEHOLDS GETTING FOOD STAMPS OR ABC (A BETTER CHANCE) BENEFITS: COMPLETE THIS PART AND PART 3.

- (1) List your current Food Stamp Case Number or your ABC Identification Number for the participant. Do not complete Part 2B.
- (2) An adult household member must sign the Form in PART 3.

PART 2B: ALL OTHER HOUSEHOLDS: COMPLETE THIS PART AND PART 3

- (1) Write the names of everyone in your household.
- (2) Write the amount of income (the amount before taxes or anything else is taken out), received last month for each household member, 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 must sign this Income Eligibility Form and give 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).

PART 2C: FOSTER CHILD: COMPLETE THIS PART AND PART 3 FOR EACH FOSTER CHILD LIVING IN YOUR HOME AND ENROLLED IN THE CACFP.

PART 3: 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 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 Food Stamp or ABC case number is provided, you must include 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 a 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 Food Stamp or ABC office to determine current certification for receipt of Food Stamps or ABC 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 if he/she does not have a Social Security Number, write "none" or something else to show that he/she does not have a Social Security Number.

If you listed a Food Stamp or ABC Number or the participant is a foster child, a Social Security Number is not needed.

INCOME TO REPORT

Earning from Employment

Wages/Salaries/Tips
Strike Benefits
Unemployment Compensation
Worker's Compensation
Net income from self-owned business or farm

Pensions/Retirement / Social Security Pensions

Pensions
Supplemental Security Income
Cash withdrawn from savings
Retirement Income
Veteran's Payments
Social Security
Regular Contributions from persons not living in the household

Other Income

Disability Benefits
Interest/Dividends
Income from Estate/trusts/Investments
Net Royalties/Annuities
Net Rental Income
Any Other Income

Welfare/Child Support/Alimony

Public Assistance Payments
Welfare Payments
Alimony/Child Support

Military Household

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.)

Foster Child's income

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 than occasional or part-time employment DO NOT COUNT funds from welfare agency for shelter, care, etc