CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM **(Child Care)**

Facility Name ______________________________________

Part 1. CHILDREN				
NAME OF ENROLLED CHILDREN	**AGE**	**FOSTER CHILD YES - NO**	**ADDITIONAL HOUSEHOLD CHILDREN**	**AGE**

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: __________________________

A Case number is not the number found on the EBT card or an individual's Social Security number.

Part 3. If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call [Your School, Homeless Liaison, or Migrant Coordinator. Homeless O Migrant O Runaway O

Part 4. Total Household Gross Income: You must tell us how much and how often: example – weekly/monthly/yearly

Names of all Household Members, except children listed above	Earnings from work before deductions	Welfare, Child Support, Alimony	Pensions, SSI, VA Benefits, Social Security, Retirement	All other income	Check here if No Income
	$________________	$____________	$____________	$__________	
	$________________	$____________	$____________	$__________	
	$________________	$____________	$____________	$__________	
	$________________	$____________	$____________	$__________	

Part 5. Signature and 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 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 center or day care home 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: ________________________ (form valid for one (1) year from this date)

Address: _____________________________________ Phone Number: ____________________

City:____ State: ______________ Zip Code: ______________

Last four digits of Social Security Number: _*_ _*_ _*_ - _*_ _*_ - __ __ __ __ O **I do not have a Social Security Number**

(required)

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Facility Name ____

Part 6. Participant's ethnic and racial identities (optional)		
Mark one ethnic identity:	Mark one or more racial identities:	
O Hispanic or Latino O Not Hispanic or Latino	O Asian O White O Black or African American	O American Indian or Alaska Native O Native Hawaiian or Other Pacific Islander

Don't fill out this part. This is for official use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income: ____________ Per: q Week, q Every 2 Weeks, q Twice A Month, q Month, q Year Household size: _________

Categorical Eligibility: ___ Date Withdrawn: ________ Eligibility: Free___ Reduced___ Denied___ Tier I_____ Tier II____

Reason:
____

Temporary: Free_____ Reduced_____ Time Period: ______________________________(expires after _____ days)

Determining Official's Signature: ____ Date: ______________

If applicable, Sponsor Signature:____ Date:______________

HNP Representative Initials/Date
(for use during CACFP Reviews)

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Refer to the current USDA Income Eligibility Guidelines for making determinations of 'Free', 'Reduced' , or 'Paid".

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, Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 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."