

**SOUTH CAROLINA DEPARTMENT OF SOCIAL SERVICES
CACFP MEAL BENEFIT INCOME ELIGIBILITY (CHILD CARE)**

COMPLETE ONE APPLICATION PER HOUSEHOLD. PLEASE USE A PEN (NOT A PENCIL).

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12. (If more spaces are required for additional names, attach another sheet of paper)

Definition of **Household Member**: "Anyone who is living with you and shares income and expenses, even if not related. Children in Foster Care and children who meet the definition of **Homeless, Migrant or Runaway**, are eligible for free meals.

CHILD'S FIRST NAME	MI	LAST NAME	CHECK ALL THAT APPLY	ENROLLED IN CHILD CARE <input type="checkbox"/> YES <input type="checkbox"/> NO	FOSTER CHILD <input type="checkbox"/> YES <input type="checkbox"/> NO	HEAD START <input type="checkbox"/> YES <input type="checkbox"/> NO	HOMELESS/MIGRANT/RUNAWAY <input type="checkbox"/> YES <input type="checkbox"/> NO
CHILD'S FIRST NAME	MI	LAST NAME		ENROLLED IN CHILD CARE <input type="checkbox"/> YES <input type="checkbox"/> NO	FOSTER CHILD <input type="checkbox"/> YES <input type="checkbox"/> NO	HEAD START <input type="checkbox"/> YES <input type="checkbox"/> NO	HOMELESS/MIGRANT/RUNAWAY <input type="checkbox"/> YES <input type="checkbox"/> NO
CHILD'S FIRST NAME	MI	LAST NAME		ENROLLED IN CHILD CARE <input type="checkbox"/> YES <input type="checkbox"/> NO	FOSTER CHILD <input type="checkbox"/> YES <input type="checkbox"/> NO	HEAD START <input type="checkbox"/> YES <input type="checkbox"/> NO	HOMELESS/MIGRANT/RUNAWAY <input type="checkbox"/> YES <input type="checkbox"/> NO
CHILD'S FIRST NAME	MI	LAST NAME		ENROLLED IN CHILD CARE <input type="checkbox"/> YES <input type="checkbox"/> NO	FOSTER CHILD <input type="checkbox"/> YES <input type="checkbox"/> NO	HEAD START <input type="checkbox"/> YES <input type="checkbox"/> NO	HOMELESS/MIGRANT/RUNAWAY <input type="checkbox"/> YES <input type="checkbox"/> NO
CHILD'S FIRST NAME	MI	LAST NAME		ENROLLED IN CHILD CARE <input type="checkbox"/> YES <input type="checkbox"/> NO	FOSTER CHILD <input type="checkbox"/> YES <input type="checkbox"/> NO	HEAD START <input type="checkbox"/> YES <input type="checkbox"/> NO	HOMELESS/MIGRANT/RUNAWAY <input type="checkbox"/> YES <input type="checkbox"/> NO

STEP 2 Do any household members (including you) currently participate in one or more of the following assistance programs: **SNAP, TANF (FI), or FDPIR?**

IF NO > Go to STEP 3

IF YES > Write case number here and proceed to STEP 4 (do not complete STEP 3)

CASE NUMBER:

Write only one case number in this space.

STEP 3 Total Household Gross Income

Are you unsure what income to include here? Turn to page 3 and review the charts titled, "Sources of Income" for more information.

The "Sources of Income for Children" chart will help you with the Child Income section. The "Sources of Income for Adults" chart will help you with All Adult Household Members section.

A. Child Income

Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

Child Income	How often?			
	Weekly	Bi-Weekly	2x Month	Monthly
\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. All Adult Household Members (including yourself)

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write "0" or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work	How often?				Public Assistance Child Support Alimony	How often?				Pensions/Retirement Social Security/SSI/VA Benefits/Other	How often?			
		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total Household Members (Children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member

X X X X X X

Check if No SSN

STEP 4 Contact Information and adult signature.

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that CACFP officials may verify (check) the information. I am aware that if I purposely give false information, the participant/center may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

PRINT NAME OF ADULT SIGNING FORM		SIGNATURE OF ADULT			DATE
ADDRESS	CITY	STATE	ZIP	PHONE/EMAIL	

OPTIONAL Children's Ethnic and Racial Identities (Optional)

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for receiving meals during care.

Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino

Race (check one or more): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

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, the funds your child care center/provider receives may be impacted. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of 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 or other FDPIR identifier for your child 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 the meal reimbursement for your child care center/provider. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons

with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

MAIL*: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

FAX: (833) 256-1665 or (202) 690-7442;
or
EMAIL: program.intake@usda.gov.

This institution is an equal opportunity provider.

DO NOT FILL OUT 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	<input type="text"/>	How often?	Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> 2x Month <input type="checkbox"/> Monthly <input type="checkbox"/>	Household Size	<input type="text"/>	Eligibility	FREE <input type="checkbox"/> REDUCED <input type="checkbox"/> PAID <input type="checkbox"/>	For Child Care Homes Only:
				Categorial Eligibility	<input type="checkbox"/>			Tier I _____ Tier II _____
Determining Official's Signature	<input type="text"/>	Date	<input type="text"/>	Confirming Official's Signature	<input type="text"/>	Date	<input type="text"/>	

INSTRUCTIONS FOR DSS FORM 16160

To apply for free and reduced-price meals, complete this application using the instructions below, sign your name and return the application to the center.

Step 1—List ALL Household Members who are infants, children, and students up to and including grade 12. Check if the child is enrolled in the Child Care facility, Foster Child, is in Head Start or is Homeless, Migrant or a Runaway. Check all that apply

Step 2—Households Getting SNAP, Participating in the Family Independence (FI) Program or Participating in the Food Distribution Program on Indian Reservations (FDPIR): List current SNAP, Family Independence or FDPIR case number. Complete steps 1 and 4. Do not complete step 3.

Step 3—If you did not provide a SNAP, FI or FDPIR case and you do not have an eligibility statement for Head Start or Even Start, complete this step and step 1.

A. Child Income

Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in step 1.

B. All Adult Household Members (including yourself)

List all Household Members not listed in step 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report the total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write "0". If you enter "0" or leave any fields blank, you are certifying (promising) that there is no income to report.. The applicant must also enter the Total Household Members, the Last Four Digits of Social Security Number (SSN) of the primary wage earner or other adult household member or check the box if the applicant does not have a SSN.

Source of Income for Children	
Sources of Child Income	Examples
Earnings from work	<ul style="list-style-type: none"> A child has a regular full or part-time job where they earn a salary or wages
Social Security - Disability Payments - Survivors Benefits	<ul style="list-style-type: none"> A child is blind or disabled and receives Social Security benefits A parent is disabled, retired, or deceased, and their child receives Social Security benefits
Income from person outside of household	<ul style="list-style-type: none"> A friend or extended family member regularly gives a child spending money
Income from any other source	<ul style="list-style-type: none"> A child receives regular income from a private pension fund, annuity, or trust

Source of Income for Adults		
Earnings from Work	Public Assistance/Alimony/Child Support	Pensions/Retirement/All other sources of income
<ul style="list-style-type: none"> Salary, wages, cash bonuses Net income from self-employment (farm or business) <p>If you are in the U.S. Military:</p> <ul style="list-style-type: none"> Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances) Allowances for off-base housing, food, and clothing 	<ul style="list-style-type: none"> Unemployment benefits Workers compensation Supplemental Security Income (SSI) Cash assistance from State or local government Alimony payments Child support payments Veterans benefits Strike benefits 	<ul style="list-style-type: none"> Social Security (including railroad retirement and black lung benefits) Private Pensions or disability benefits Income from trusts or estates Annuities Investment income Earned interest Rental income Regular cash payments from outside household

Step 4—Applicants must have the adult household member sign, print name, date and complete all other boxes in this step.

OPTIONAL—Ethnic/Racial Identity: Put a check () next to the ethnicity you identify with. Put a check () next to the race or races you identify with. We need the information to be sure everyone gets benefits on a fair basis. You do not have to answer these questions to get free or reduced price meals. USDA is an equal opportunity provider and employer.

Ethnicity:

- Hispanic or Latino.* A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic or Latino."
- Not Hispanic or Latino.*

Race:

- American Indian or Alaskan Native.* A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian.* A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example: Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American.* A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."
- Native Hawaiian or Other Pacific Islander.* A person having any origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White.* A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.