



**Child Participant Enrollment Form**

INSTITUTION NAME: \_\_\_\_\_ FACILITY NAME: Edneyville Sugarloaf AGREEMENT#: \_\_\_\_\_

**Dear Parent/Guardian,**

This center/program receives funding from the U.S. Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP). CACFP needs proof of enrollment for all children. Please complete the table below for each child in your family that is enrolled at this center/program. Be sure to sign and date in the space below. Thank you.

The information below should be completed by the parent or guardian.

Child's First Name	Child's Last Name	Date of Birth	Normal/Typical Hours of Care	Normal/Typical Days of Care(Check all that apply)	Meals Normally Eaten (Check all that apply)
			_____ to _____	M T W Th F	B L PM
			_____ to _____	M T W Th F	B L PM
			_____ to _____	M T W Th F	B L PM
			_____ to _____	M T W Th F	B L PM
			_____ to _____	M T W Th F	B L PM

**Normal/Typical Hours of Care:** Please write in each child's usual arrival and departure time. Indicate a.m. or p.m.

**Normal Days of Care:** Please circle the days of the week each child is usually in attendance at the facility.

(M-Monday; T-Tuesday; W-Wednesday; Th- Thursday; F-Friday; Sat-Saturday; Sun-Sunday)

**Meals Normally Eaten** – Please circle the meals each child usually eats at the facility.

(B-Breakfast; AM-AM Snack; L-Lunch; PM-PM Snack; S-Supper; LPM-Late PM/Evening Snack)

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone Number: ( ) \_\_\_\_\_ Work Telephone Number: ( ) \_\_\_\_\_

**For Facility/Provider Use Only:**

Signature of Facility Representative/Provider: \_\_\_\_\_ Date: \_\_\_\_\_

Date each child withdrew: \_\_\_\_\_

**For State Use Only:** Complete: \_\_\_\_\_ Incomplete \_\_\_\_\_ Reason: \_\_\_\_\_ Verified by: \_\_\_\_\_ Date: \_\_\_\_\_

This institution is an equal opportunity provider.



North Carolina Department of Health and Human Services  
 Division of Public Health  
 Child and Adult Care Food Program  
**CHILD INCOME ELIGIBILITY APPLICATION**



INSTITUTION NAME: \_\_\_\_\_ FACILITY NAME: Edneyville Sugarloaf AGREEMENT#: \_\_\_\_\_

1. PARTICIPANT'S NAME & DATE OF BIRTH:

First Name Last Name Date of Birth First Name Last Name Date of Birth

2. SNAP, TANF or FDPIR case number:

SNAP # \_\_\_\_\_ TANF#: \_\_\_\_\_ FDPIR # \_\_\_\_\_

If you have provided the case number; DO NOT complete #3 and #4. Skip to complete #5 and #6.

3. Is this application for a: Foster Child? Yes No Homeless Child? Yes No Child from a migrant family? Yes No

4. HOUSEHOLD MEMBERS MONTHLY INCOME:

Names of All Other Household Members	Monthly Wages / Salaries	Monthly Social Security	Monthly Public Assistance / Child Support	Monthly Retirement Pensions	Other Monthly Income
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$

5. ETHNIC IDENTITY: (Check one.)  Hispanic or Latino  Not Hispanic or Latino

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

6. **SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER:** I certify that all of the above information is true and correct; that the application is being made in connection with the receipt of federal funds, that Program officials may verify the information on the application; and that deliberate misrepresentation of any of the information on the application may subject me to prosecution under applicable State and Federal criminal statutes.

Signature of Adult Household Member (Required) \_\_\_\_\_ Date \_\_\_\_\_  Check if no SSN  
 Last Four Digits of Social Security Number (Required if qualifying by income)

Printed Name \_\_\_\_\_ Home Telephone # \_\_\_\_\_ Work Telephone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

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 your child 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 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 for your child 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 your child is eligible for free or reduced-price meals and for administration and enforcement of the Program.

**To be completed by Institution/Sponsor**

TOTAL HOUSEHOLD SIZE \_\_\_\_\_ TOTAL HOUSEHOLD MONTHLY INCOME \$ \_\_\_\_\_  
 Approved:  Free  Reduced-Price  Denied  
 Reason for denial:  Income too high  Incomplete application  Other: \_\_\_\_\_  
 Withdrew on (Date): \_\_\_\_\_

**For state use only:**  
 Verified by: \_\_\_\_\_ Date: \_\_\_\_\_  
 Verified classification:  
 Free  Reduced-Price  Denied  
 Reason for classification change: \_\_\_\_\_

Signature of Eligibility Official (Individual at the Institution Level) – Required \_\_\_\_\_ Date – Required \_\_\_\_\_

**INSTRUCTIONS**

Please complete the Child Income Eligibility Applications using the instructions below. The application must be signed in number 6 and returned to the child care center.

**1-PARTICIPANT’S INFORMATION:**

- a. Print the name(s) and birth date(s) of the child/children enrolled in the center.

**2-HOUSEHOLD GETTING SNAP, TANF, OR FDPIR BENEFITS:**

- a. If you participate in SNAP, TANF, or FDPIR provide your case or identification number and skip number 4.
- b. If you do not participate in any of these programs, go on to number 3.

**3-FOSTER, HOMELESS, or MIGRANT CHILD:**

- a. Indicate if either child on the application is a foster child, homeless, or a child from a migrant family.
- b. Households with foster and non-foster children may choose to include the foster child as a household member, as well as any personal income earned by the foster child, on the same household application that includes their non-foster children.
- c. Host families applying for free and reduced priced meals for their own children may include the homeless family as household members if the host family provides financial support to the homeless family. In such cases, the host family must also include any income received by the homeless family.
- d. If the child or children listed are foster, homeless, or from a migrant family, number 4 may be skipped

**4- HOUSEHOLD INCOME:**

- a. List the names of all other household members.
- b. Write the amount of income (the amount before taxes or anything else is taken out), the frequency of income (i.e. weekly, every two weeks, twice a month, or monthly) received **last month** for each household member and where it came from, such as earnings, public assistance, pensions and other income (refer to examples below for types of income to report). If any amount last month was less than usual, write the person’s usual income.

**INCOME TO REPORT**

<u>Earnings from Employment</u>	<u>Pensions/Retirement/Social Security</u>	<u>Other Income</u>
<ul style="list-style-type: none"> <li>• Wage/salaries/tips</li> <li>• Strike benefits</li> <li>• Unemployment compensation</li> <li>• Net income from self-owned business or farm</li> <li>• Worker’s compensation</li> </ul>	<ul style="list-style-type: none"> <li>• Pensions</li> <li>• Supplemental security income</li> <li>• Retirement income</li> <li>• Veteran’s payments</li> <li>• Social Security</li> </ul>	<ul style="list-style-type: none"> <li>• Disability benefits</li> <li>• Cash withdrawn from savings</li> <li>• Interest/dividends</li> <li>• Income from estates/trusts/ investments</li> <li>• Regular contributions from persons not living in the household</li> <li>• Net royalties/annuities/ net rental income</li> <li>• Any other income</li> </ul>
<u>Public Assistance/Child Support/Alimony</u> <ul style="list-style-type: none"> <li>• Public assistance payments</li> <li>• TANF payments</li> <li>• Alimony/Child support payments</li> </ul>	<u>Military Households</u> <ul style="list-style-type: none"> <li>• All cash income, including military benefits received in cash such housing/uniform allowances.</li> </ul>	

**5-RACIAL/ETHNIC IDENTITY:** Complete the Ethnic/Racial identity question.

**6-SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER:** All households complete this part.

All Child Income Eligibility Applications must be signed by an adult household member. The adult household member who signs the certification statement must include the last four digits of his/her social security number. If he/she does not have a social security number, check the “No SSN” box. If you listed a SNAP, TANF, or FDIR number a social security number is not needed.

## HOUSEHOLD LETTER FOR NON-PRICING INSTITUTIONS

**Dear Parent or Guardian,**

Please help us comply with the federal requirement mandating the annual submission of program Income Eligibility Applications. This application will be used only for eligibility determination, placed in our files, and treated as confidential information. In order for participants and the day care center to be considered eligible for program benefits, an adult household member must complete the program Income Eligibility Application (IEA) for each participant enrolled in the center as soon as possible, sign, date and return it to the day care center. Completion of the application is not mandatory unless you wish to be considered for eligibility as a free or reduced-price participant.

If you currently receive SNAP, Temporary Aid to Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR), you are not required to list household income. You may give your SNAP, TANF or FDPIR case number, sign, date and return the application. If a child is a member of a SNAP or FDPIR household or is a TANF recipient, the child is automatically eligible to receive free program meal benefits, subject to completion of the application.

You should also note that if you have a foster child the day care center is eligible for program benefits for the foster child regardless of the income of your household. Households with foster and non-foster children may choose to include the foster child as a household member, as well as any personal income earned by the foster child, on the same household application that includes their non-foster children. Please contact the institution for further instructions.

You should list the name of everyone who lives in your household, including all children, parents, grandparents, and other relatives. The Department of Agriculture defines a household as a group of related or unrelated individuals (not residents of an institution or boarding house) who are living as one economic unit (i.e. sharing living expenses).

The income reported **must** be the total gross income, before deductions, received by all members of the household last month (i.e. wages, public assistance, TANF or retirement, etc.). Military benefits received in cash, such as housing allowance for military households living off base and food or clothing allowance **must** be considered as income. If you have a household member whose last month's income was higher or lower than usual, list that person's expected average monthly income.

**REDUCED PRICE GUIDELINES EFFECTIVE JULY 1, 2021 - JUNE 30, 2022\***

HOUSEHOLD SIZE	YEARLY	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY
1	\$23,828	\$1,986	\$993	\$917	\$459
2	\$32,227	\$2,686	\$1,343	\$1,240	\$620
3	\$40,626	\$3,386	\$1,693	\$1,563	\$782
4	\$49,025	\$4,086	\$2,043	\$1,886	\$943
5	\$57,424	\$4,786	\$2,393	\$2,209	\$1,105
6	\$65,823	\$5,486	\$2,743	\$2,532	\$1,266
7	\$74,222	\$6,186	\$3,093	\$2,855	\$1,428
8	\$82,621	\$6,886	\$3,443	\$3,178	\$1,589
<b>For each additional family member add:</b>	\$8,399	\$700	\$350	\$324	\$162

\*Households with income less than or equal to these levels are eligible for free or reduced-price meals.

You may submit a Child Income Eligibility Application any time during the fiscal year. Participants having family members who become unemployed are eligible for free or reduced-price meals during the period of unemployment, provided that the loss of income causes the family's income during the period of unemployment to be within the eligibility standards for those meals.