



Child and Adult Care Food Program (CACFP) Enrollment Income Eligibility Application (EIEA)

PART 1 – CHILDREN’S INFORMATION (REQUIRED)																
Child’s Name		Birthdate	Age	Check Days of Attendance					Arrival Time	Departure Time	Check Meals and Snacks Normally Received			Check Below if Foster Child		
				Sun	Mon	Tue	Wed	Thu	Fri	Sat			Breakfast	A.M. Snack	Lunch	<input type="checkbox"/>
				Sun	Mon	Tue	Wed	Thu	Fri	Sat			Breakfast	A.M. Snack	Lunch	<input type="checkbox"/>
				Sun	Mon	Tue	Wed	Thu	Fri	Sat			Breakfast	A.M. Snack	Lunch	<input type="checkbox"/>
				Sun	Mon	Tue	Wed	Thu	Fri	Sat			Breakfast	A.M. Snack	Lunch	<input type="checkbox"/>
PART 2 – HOUSEHOLD MEMBER RECEIVING BASIC FOOD/TANF/FDPIR IN WA STATE - Any household member receiving benefits can establish eligibility for children in the household. If you list a case number or ID, please skip to part 5.										Case Number or ID number:						
PART 3 – TOTAL HOUSEHOLD GROSS ANNUAL INCOME The adult signing the form must list the last four digits of their Social Security Number (SSN) or check the box if no SSN. See Privacy Act Statement and Sources of Income on the back of this page (Annual Income Conversion by pay frequency: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12)										PART 4 – CHILDREN’S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)						
List names (First and Last) of people in your household		Check if no income	Annual Earnings from Work Before Deductions		Annual Welfare, Alimony, Child Support		Retirement, Pensions, Social Security, Other		<p>We are required to ask for information about your children’s race and ethnicity. This information helps to make sure we are fully serving our community. Responding to this section is optional, it will not affect your children’s eligibility for receiving meals during care.</p> <p>Ethnicity (check one):</p> <p><input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino</p> <p>Race (check one or more):</p> <p><input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Native Hawaiian or Pacific Island <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> White</p>							
1.		\$	/yr	\$	/yr	\$	/yr									
2.		\$	/yr	\$	/yr	\$	/yr									
3.		\$	/yr	\$	/yr	\$	/yr									
4.		\$	/yr	\$	/yr	\$	/yr									
5.		\$	/yr	\$	/yr	\$	/yr									
<input type="checkbox"/> I Decline to provide information about my household size and income.																
Number of total Household Members				Last 4 of SSN (check box if no SSN)												
PART 5 – PARENT/GUARDIAN SIGNATURE AND CERTIFICATION—(REQUIRED) SIGNATURE CONFIRMS ALL INFORMATION PROVIDED IS CORRECT AND ACCURATE																
<p>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."</p>																
Signature _____				Print Name _____				Date _____								
Address:		City, State, Zip:				Phone Number:										
DO NOT FILL OUT – CENTER USE ONLY				CATEGORY				MT CACFP USE ONLY								
Institution Representative Signature _____ Date _____				<input type="checkbox"/> Free (Basic Food/TANF/FDPIR) <input type="checkbox"/> Free (foster child(ren))				Total Annual Income \$ _____ <input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Paid				<input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Paid MT CACFP Rep. _____				
INVALID WITHOUT SIGNATURE AND DATE (see back for effective date requirements)																

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 childcare 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 Basic Food, 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 childcare 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 USDA civil rights regulations and policies, the USDA, its agencies, offices, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

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, complete the USDA Program Discrimination Complaint Form, [AD-3027](#), found online at How to File a Program Discrimination Complaint and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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; or

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

***Only use this address if you are filing a complaint of discrimination.**

This institution is an equal opportunity provider.

****EIEA Effective Date****

***If the institution uses the parent/guardian signature date as the effective date, the form must be signed by the institution representative within the same month as the parent, or the following month. If the institution representative does not sign the EIEA within these timeframes, the institution representative's signature date must be used as the effective date.**

Valid TANF or Basic Food Number Guidelines and Contact Resources for MT State Recipients				
Consists of six to seven digits, such as 4235555 Does not include any letters Is not a social security number (unless it's a tribal case number)		Does not start with a 200 series number Is not a case number for state-paid childcare Is not an EBT card number		
MT DPHHS Public Assistance Customer Service Number: (888) 706-1535		Basic Food and TANF website: www.apply.mt.gov		
Earnings from Work	Public Assistance, Alimony, Child Support	Pension, Retirement, Other Sources of Income	Sources of Child Income	Examples:
<ul style="list-style-type: none"> • Salary, wages, cash bonuses • Net income from self-employment (farm or business) <u>If you are in the U.S. Military:</u> <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 • 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 	Earnings from work Social Security -Disability Payments -Survivors Benefits Income from any other source	A child of legal working age has a regular full or part-time job where they earn a salary or wages • 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 A child receives regular income from a private pension fund, annuity, or trust