

INCOME ELIGIBILITY STATEMENT – PROVIDER’S OWN CHILDREN

Child and Adult Care Food Program

PART 1

DAY CARE PROVIDER _____

Child’s Name: _____
Last
First
M.I.

PART 2A – HOUSEHOLDS NOW GETTING FOOD STAMPS, TANF, OR FDPIR BENEFITS: Complete this part, Part 3A, and Part 3B. – DO NOT complete Part 2B.

Food stamp case number: _____ TANF identification number: _____
 FDPIR identification number: _____

PART 2B – ALL OTHER HOUSEHOLDS: If you did not complete Part 2A, complete this part and Part 3A and 3B.

NAMES	CURRENT INCOME/FREQUENCY			
	Names of All Household Members	Job income (Before Deductions)/ per week, month, etc.	Welfare, Child Support, Alimony / per week, month, etc.	Payments from Pensions Retirement, Social Security/ per week, month, etc.
1. _____	\$ _____/_____	\$ _____/_____	\$ _____/_____	\$ _____/_____
2. _____	\$ _____/_____	\$ _____/_____	\$ _____/_____	\$ _____/_____
3. _____	\$ _____/_____	\$ _____/_____	\$ _____/_____	\$ _____/_____
4. _____	\$ _____/_____	\$ _____/_____	\$ _____/_____	\$ _____/_____
5. _____	\$ _____/_____	\$ _____/_____	\$ _____/_____	\$ _____/_____
6. _____	\$ _____/_____	\$ _____/_____	\$ _____/_____	\$ _____/_____
7. _____	\$ _____/_____	\$ _____/_____	\$ _____/_____	\$ _____/_____
8. _____	\$ _____/_____	\$ _____/_____	\$ _____/_____	\$ _____/_____

PART 2C – FOSTER CHILD: 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: \$ _____ per _____.

PART 3A – ENROLLMENT INFORMATION: My child is normally in attendance at the facility between the hours of _____ am/pm to _____ am/pm on the following days: (Circle all that apply). **Check here if only before/after school care provided.**

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

My child will normally receive the following meals while in care:

Breakfast AM Snack Lunch PM Snack Supper Evening Snack

PART 3B - SIGNATURE: Unless you include your case number for food stamps, TANF, or FDPIR, you must include the social security number of the adult household member signing the statement or an indication that the household member signing the statement does not possess a social security number in order to qualify for free or reduced meals. 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 for free or reduced meals. 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. If the organization administering the CACFP signs a written agreement with the State or local agencies administering Medicaid and the State Child Health Insurance Program (SCHIP) the organization may disclose children’s names, eligibility status, and the social security number of the household member to these insurance programs for the purpose of identifying and seeking to enroll children. The household member is not required to consent to disclosure of this information and the decision not to disclose will not affect the participant’s eligibility for free and reduced meals.

PENALTIES FOR MISREPRESENTATION: I certify that all of the above information is true and correct and that the food stamp, TANF, or FDPIR number is correct or that all income is reported. I understand that this information is being given for the receipt of Federal funds; that institution officials may verify the information on the statement; and that the deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

Signature of adult: _____ Social Security number: _____ - _____ - _____

Printed name of adult: _____

_____ *Date signed* _____ *Home telephone* _____ *Work telephone* _____ *Home address* _____ *Zip code*

PART 4 – RACIAL/ETHNIC IDENTITY: You are not required to provide this information.
 WHITE, not of Hispanic Origin BLACK, not of Hispanic Origin HISPANIC ASIAN/PACIFIC ISLANDER AMERICAN INDIAN/ALASKA NATIVE

For Institution Use Only: Food stamp/TANF/FDPIR household categorically eligible for program benefits: Yes No
MONTHLY INCOME CONVERSION: WEEKLY X 4.33; EVERY 2 WEEKS X 2.15; TWICE A MONTH X 2
 Total family income: _____ Family Size: _____
 Eligibility classification: Free _____ Reduced _____ Paid _____
 Signature of Determining official: _____ Date: _____

INCOME ELIGIBILITY STATEMENT INSTRUCTIONS

Please complete the Income Eligibility Statement using the instructions below. The information is needed for the center where the child is enrolled to receive monetary reimbursement through the Child and Adult Care Food Program for nutritious meals served. While completion of the entire form is required for households wishing to qualify for free or reduced price meals, only Part 1, Part 3A, and Part 3B are required by all households.

PART 1 – PARTICIPANT’S INFORMATION: ALL HOUSEHOLDS COMPLETE THIS PART.

(1) Print the name or names of your own child(ren) enrolled in the center.

PART 2A – HOUSEHOLDS GETTING FOOD STAMPS OR TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF), OR FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPIR) BENEFITS: COMPLETE THIS PART AND PART 3.

- (1) List your current food stamp case number or TANF or FDPIR number. Do not complete Part 2B.
(2) An adult household member must complete Part 3A and sign the statement in Part 3B.

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), 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, 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 the income eligibility statement and give his/her social security number in PART 3 in order to qualify for free or reduced meals.

PART 2C – FOSTER CHILD: COMPLETE THIS PART AND PART 3 FOR EACH FOSTER CHILD LIVING IN YOUR HOME AND ENROLLED IN THE HOME. A foster child is considered a family of one. Each foster child should be listed on separate forms. Only income received by the foster child should be listed, not the foster parents income nor the per diem received for care of the child.

PART 3A – ENROLLMENT INFORMATION: ALL HOUSEHOLDS COMPLETE THIS PART.

- (1) The adult household member must indicate the normal hours that the child will be in care at the center. If the child attends only before and after school, check the box beside this statement and write in the hours in attendance in the morning and the afternoon. Circle the days the child will normally be in attendance.
(2) Circle the meals the child will receive during care at the center.

PART 3B – SIGNATURE: ALL HOUSEHOLDS COMPLETE THIS PART.

- (3) All income eligibility statements must have the signature of an adult household member.
(4) The adult household member who signs the statement must include his/her social security number in order to qualify for free or reduced meals. 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, TANF, FDPIR or other categorically eligible program number in Part 2A or if Part 2 is not being completed at all, a social security number is not needed.

PART 4 – RACIAL/ETHNIC IDENTITY: PROVIDE THE RACIAL/ETHNIC IDENTITY IF YOU WISH. You are not required to provide this information to get meal benefits. However, this information will help ensure that everyone is treated fairly.

INCOME TO REPORT

Earnings 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
Supplemental Security Income
Retirement income
Veteran’s payments
Social security

Other Income

Disability benefits
Cash withdrawn from savings
Interest/Dividends
Income from Estates/Trusts/Investments
Regular contributions from persons not living in the household
Net royalties/annuities/net rental income
Any other income

Welfare/Child Support/Alimony

Public assistance payments
Welfare payments
Alimony/child support payments

Military Households

All cash income, including military housing/uniform allowances. Does not include “in-kind” benefits NOT paid in cash (base housing, clothing, food, medical care, 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.

Privacy Act Statement: 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 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 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.

Non-discrimination Statement: 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:

1. **mail:**
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
program.intake@usda.gov