CACFP MEAL INCOME ELIGIBILITY FORM / CHILD CARE

FACILITY NAME: _____

PART 1 – *NAME OF ENROLLED CHILDREN*

*OPTIONAL- Participant's ethnic and racial identities *

	Child's Name	Age	Date of Birth	Foster Child	Hispanic or Latino Yes / No	American Indian or Alaskan Native	Asian	Native Hawaiian or Other Pacific Islander	White	Black or African American
1					☐ ☐					
2					☐ ☐					
3					☐ ☐					
4					☐ ☐					

ADDITIONAL HOUSEHOLD CHILDREN: _____ TOTAL NUMBER OF CHILREN AND ADULTS IN HOUSEHOLD: _____

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 benefits, skip to PART 3.**

Name	Case Number
1. _____	_____
2. _____	_____
3. _____	_____

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

PART 3 – *Check appropriate box*: ☐ **Homeless** ☐ **Migrant** ☐ **Runaway**

If a child you are applying for is homeless, a migrant, or a runaway, please contact your local school, Homeless Liaison, or Migrant Coordinator.

PART 4 – *TOTAL HOUSEHOLD GROSS INCOME:* Please identify your income

*Weekly / Every 2 Weeks / Twice A Month / Monthly / Annual *

Name of all household members, except children listed above	Gross Income (before deductions)	Welfare, Child Support, or Alimony	Pension, SSI, VA Benefits, Social Security retirement	Additional Income	No Income
1. (Example) John Doe	$ 500.00/weekly	$ _____/___	$ _____/___	$ _____/___	____
2. _____	$ _____/ ___	$ _____/ ___	$ _____/ ___	$ _____/ ___	____
3. _____	$ _____/___	$ _____/___	$ _____/___	$ _____/___	____
4. _____	$_____/___	$_____/___	$_____/___	$_____/___	____

PART 5 – *Signatures and last four digits of Social Security Number are required*

If Part 3 is completed, the adult signing the form must also provide the last four digits of his/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 the information provided on this form is true and I understand the following:

- The center or day care home will receive Federal funds based on the information I submit.
- I understand that CACFP officials may verify the information I have submitted.
- I understand that if I purposely submit false information, the participant receiving meals may lose the meal benefit, and I may be prosecuted.

Please acknowledge you have read and understood the statement above by signing the next page.

Valid 1 year from this Date: _____

Signature: _____ Print Name: _____

Address: _____ Telephone #: _____

City: _____ State and Zip Code: _____

Last four digits of Social Security Number: XXX-XX- _ _ _ _ REQUIRED ☐ I do not have a Social Security Number

This Section is to be completed by Child Care Institution – *DETERMINATION OF ELIGIBILITY*

Household Size: _____

Total Income: $_____ ☐ Weekly ☐ Every 2 weeks ☐ Twice a Month ☐ Monthly ☐ Yearly

Categorical Eligibility: _____ Date Withdrawn: _____ Eligibility: ☐ Free ☐ Reduced ☐ Denied ☐ Tier I ☐ Tier II

Reason: _____

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Follow-up Official's Signature: _____ Date: _____

Annual Income Conversion:

- Weekly X 52
- Every 2 Weeks X 26
- Twice A Month X 24
- Monthly X 12

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 based on 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."

For Use During CACFP Review:

HNU Representative Signature: _____

Date: _____