## **CACFP Meal Benefit Income Eligibility**

Address

## APPLY ONLINE:

Phone/Email

Insert URL Here Complete one application per household. Please use a pen (not a pencil). List ALL children or adults in day care (if more spaces are required for additional names, attach another sheet of paper) Participant's First Name Participant's Last Name Foster Child Migrant Runaway Homeless Head Start Children in Foster care and children who meet the definition of all that apply Homeless, Migrant or Runaway are eligible for free meals. Children in Head Start Check are eligible for free meals if an approved head start application or statement of enrollment is attached. List the following assistance programs any household member participates in - for child care: SNAP, TANF, or FDPIR, or for adult daycare: SNAP, FDPIR, SSI, or Medicaid **CASE NUMBER:** IF NO > Go to STEP 3 IF YES > Write case number here and proceed to STEP 4 (do not complete STEP 3) Write only one case number in this space. STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2) How often? A. Child Income Child Income Weekly Bi-Weekly Monthly Annually Are you unsure what Sometimes children in the household earn or receive income. Please include the income to include here? TOTAL income received by all child Household Members listed in STEP 1 here. Flip the page and review the charts titled "Sources of B. All Other Household Members (Including yourself) Income" for more List all adult Household Members (including yourself) as well as any children not listed in STEP 1 even if they do not receive income. For each person listed, if they do receive income, report total gross information. income (before taxes) for each source in whole dollars. If they do not receive income from any source, you must write '0' - do not leave blank. If you enter '0', you are certifying that there is no income. Pensions/Retirement/ The "Sources of Income for How often? Welfare/Child How often? Social Security/SSI/ How often? Name of Household Members (First and last) Children" chart will help Earnings from Work Support/Alimony VA Benefits Weekly Bi-Weekly Monthly Annually Bi-Weekly Monthly Annually Weekly Bi-Weekly Monthly Annually you with the Child Income \$ \$ The "Sources of Income for Adults" chart will help you with All Adult Household \$ \$ Members section. \$ \$ \$ Definition of Household Member: "Anyone who is \$ living with you and shares income and expenses, even if not related." Last Four Digits of Social Security Number (SSN) of Χ  $X \mid X$ Χ Check if no SSN Total Household Members (Children and Adults) Primary Wage Earner or other Adult Household Member STEP 4 Contact information and adult signature. SUBMIT COMPLETED FORM TO THE DAY CARE AT: "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 the Form Signature of Adult Today's Date

State

Zip

City

Source of Income for Children				
Sources of Child Income	Examples			
Earnings from work	A child has a regular full or part-time job where they earn a salary or wages			
Social Security - Disability Payments - Survivors Benefits	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	A friend or extended family member reguarly gives a child spending money			
Income from any other source	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				
Salary, wages, cash bonuses     Net income from self-employment (farm or business)  If you are in the U.S. Military:     Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances)     Allowances for off-base housing, food, and clothing	Unemployment benefits Workers compensation Supplemental Security Income (SSI) Cash assistance from State or local government Alimony payments Child support payments Veterans benefits Strike benefits	Social Security (including railroad retirement and black lung benefits)     Private Pensions or disability benefit lncome from trusts or estates     Annuities     Investment income     Earned interest     Rental income     Regular cash payments from outside household				

income from any other source	annuity, or trust				
ODTIONAL D. W. W. File	1 10 0		_		
OPTIONAL Participant's Ethnic and Racial Id	dentities (Optional)				
We are required to ask for information about the does not affect eligibility for receiving meals duri		is information is important and	helps to make sure we are fo	ally serving our community. Respondir	ng to this section is optional and
Ethnicity (check one): Hispanic or Latino	Not Hispanic or Latino				
Race (check one or more): American Indian o	r Alaskan Native Asian	Black or African American	Native Hawaiian or Other Paci	ic Islander White	
The Richard B. Russell National School Lunch Act req application. You do not have to give the information, bu care center/provider receives may be impacted. You m the social security number of the adult household men last four digits of the social security number is not req a foster child or you list a Supplemental Nutrition Assi. Assistance for Needy Families (TANF) Program or Food Reservations (FDPIR) case number or other FDPIR ider indicate that the adult household member signing the security number. We will use your information to deter your child care center/provider. We MAY share your elihealth, and nutrition programs to help them evaluate, for programs, auditors for program reviews, and law enfointo violations of program rules.	t if you do not, the funds your child ust include the last four digits of other who signs the application. The uired when you apply on behalf of stance Program (SNAP), Temporary I Distribution Program on Indian atifier for your child or when you application does not have a social mine the meal reimbursement for gibility information with education, und, or determine benefits for their	employees, and institutions part disability, age, or reprisal or reta require alternative means of con Agency (State or local) where the Federal Relay Service at (800) 8.  To file a program complaint of digov/complaint_filing_cust.html, form. To request a copy of the complaint.	Icipating in or administering USDA liation for prior civil rights activity numunication for program informatey applied for benefits. Individuals 77-8339. Additionally, program information, complete the USDA and at any USDA office, or write a mplaint form, call (866) 632-9992 Agriculture ant Secretary for Civil Rights Avenue, SW	s programs are prohibited from discriminating in any program or activity conducted or fund ion (e.g. Braille, large print, audiotape, Americ who are deaf, hard of hearing or have speech ormation may be made available in languages	ed by USDA. Persons with disabilities who can Sign Language, etc.), should contact the n disabilities may contact USDA through the sother than English.  D-3027) found online at: http://www.ascr.usda. etter all of the information requested in the DA by:  *Only use this address if you are filing a complaint of discription to the part of the property of the part of the property of the part of the property of the part of the p
DO NOT FILL OUT Sponsor use only - The	ne Determining Official's dated signa	ature is required			
<b>Annual Income Conversion:</b> Weekly x 52, Every	2 Weeks x 26, Monthly x 12 (requir	ed if earnings are in more than or	ne frequency type)		e this space for income calculations:
Total Income Wee	How often?    Kity   Bi-Weekty   Monthly   Annually		Free Re	Eligibility duced Paid Tier I Tier II	
Determining Official's Signature (required)	Date (required) 2nd Officia	ıl's Signature	Date	3rd Official's Signature	Date