**Child and Adult Care Food Program**

**FAMILY INCOME-ELIGIBILITY APPLICATION**

**Name**

**Address**

**Phone # Email**

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| **PART 1 – NAME OF CHILD CARE PROVIDER** | | | | |
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| **PART 2 – Children’s Information—List all children in care** | | | | |
| **Child’s Name** | **Birthdate** | **Is this a foster child?** | **Is this child enrolled in Head Start?** | **Is this child eligible for free or reduced-price meals at school?** |
|  |  | Yes       No | Yes       No | Yes       No |
|  |  | Yes       No | Yes       No | Yes       No |
|  |  | Yes       No | Yes       No | Yes       No |
|  |  | Yes       No | Yes       No | Yes       No |

**INSTRUCTIONS**

Please check the boxes that apply to help determine the other parts of this form to complete:

A family member in our household receives benefits from Basic Food, TANF, or FDPIR. (Please complete Part 3 and 5.)

One or more of the children in Part 2 is a foster child. (Please complete Part 5.) If any non-foster children, complete Part 3 or 4.

My child(ren) qualify for Free/Reduced-Price meals based on household income. (Please complete Part 4 and 5.)

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| **Part 3 – HOUSEHOLD MEMBER Receiving Basic Food, TANF, or FDPIR—Only one household member receiving benefits must be listed in order to establish eligibility for all children in the household.** | | | | | | | | | |
| **Name** | **Circle One** | | | | | **Case Number or Identification Number** | | | |
|  | Basic Food TANF FDPIR | | | | |  | | | |
| **Part 4 – Total Household Income from Last Month—Not required if you have reported a case number in Part 3** | | | | | | | | | |
| **List Names (First and Last) of everyone in your household, including foster children** | | **Gross Income from Last Month – Tell us how much and how often**  **(or net income if self-employed) (if None, Write “0”)** | | | | | | | |
| **Earnings from Work Before Deductions** | | **Alimony,**  **Child Support** | | | **Retirement, Pensions, Social Security** | | **Job Two or Any Other Income** |
| *Jane Smith (example)* | | *$ 1000 / month* | | *$ 300 / month* | | | $       / | | *$ 100 / week* |
| 1. | | $       / | | $       / | | | $       / | | $       / |
| 2. | | $       / | | $       / | | | $       / | | $       / |
| 3. | | $       / | | $       / | | | $       / | | $       / |
| 4. | | $       / | | $       / | | | $       / | | $       / |
| 5. | | $       / | | $       / | | | $       / | | $       / |
| 6. | | $       / | | $       / | | | $       / | | $       / |
| If Part 4 is completed, the adult signing the form must list the last four digits of their Social Security Number or the box must be checked that they do not have one (see Privacy Statement on the back of this page). | | | | | | | | | |
| Adult’s Social Security Number (last four digits) XXX-XX- | | | | | I do not have a Social Security Number. | | | | |
| **PART 5 – SIGNATURE AND CERTIFICATION – REQUIRED** | | | | | | | | | |
| I certify all of the above information is true and correct and all income is reported. I understand this information is being given for the receipt of federal funds; that institution officials may verify the information on the application; and that the deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws. | | | | | | | | | |
| Signature of Parent | | | Date Signed | | | | | | |
| Print Name of Parent | | | Home Telephone | | | | | Work Telephone | |

**Initial here if you consent to allowing your provider to collect your form and provide it to the sponsor. Your provider will not review your form.**

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| **PART 6 – CHILDREN’S ETHNIC AND RACIAL IDENTITIES (You are not required to answer this)** |
| Check the ethnic and racial category of your child. We need this information to be sure that everyone receives benefits on a fair basis.  Ethnicity:  Hispanic or Latino No child will be discriminated against because of race,  Not Hispanic or Latino color, national origin, sex, age, or disability.  Race:  White  Black or African American  Asian  American Indian or Alaskan Native  Native Hawaiian or Pacific Islander  Multi-Racial |

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| **Privacy Act Statement:** **This explains how we will use the information you give us.** 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 (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 if your child is eligible for free or reduced-price meals, and for administration and enforcement of the lunch and breakfast programs. 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. |

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| **PART 7 – FOR SPONSOR USE ONLY** |
| Household Size:      Income $      Annual  Monthly  Twice Per Month  Every Two Weeks  Weekly  **OR** Basic Food  TANF  FDPIR  Foster Child  Maximum Income per IEGs $      Head Start  NSLP  Not Eligible  Reason for Denial: Income Too High  Incomplete Application    Signature of Determining Official Date Signed Effective Date (within current month)  **Not valid without signature and date.**  FIEA Effective Date: If the institution is using the parent/guardian signature date as the effective date, the form must have been signed by the institution representative within the same month the parent signed the form or the immediate following month. If the institution representative does not evaluate and sign the FIEA within these guidelines, the institution representative’s signature date must be used as the effective date. |