

CHILD - INCOME ELIGIBILITY STATEMENT

Child and Adult Care Food Program

PART 1

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. List the Assistance Unit (AU) or Client ID number, not the EBT number.

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 GROSS 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. _____ | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ |

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 (Circle all that apply):

Breakfast AM Snack Lunch PM Snack Supper Evening Snack

PART 3B - SIGNATURE: Unless you include your case number for food stamps, TANF, or FDPIR or the form is being completed for a foster child in section 2C, 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.

Step 1: Mark only one of the following ethnic categories that best identifies the child listed in Part 1:

HISPANIC OR LATINO NOT HISPANIC OR LATINO

Step 2: Mark one or more of the racial categories that

WHITE BLACK ASIAN NATIVE HAWAIIAN / PACIFIC ISLANDER AMERICAN INDIAN / ALASKAN 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, TANF or FDPIR Assistance Unit (AU) number or Client ID number. Both numbers are typically nine-digit numbers. **An EBT number is not acceptable.** 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 name 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) If the household has no (“zero”) income, the household must reaffirm the income level and date the income eligibility statement every 45 days if income is used to qualify the household for free or reduce price meal benefits.
- (4) 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 a separate form. List only income received by the foster child, not the foster parents income nor the per diem received for care of the child. A social security number in section 3B is **not** needed if the form is for a foster 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 section 2B is used to qualify. 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 a valid food stamp, TANF, or FDPIR number is listed in Part 2A or if Part 2C for a foster child is completed, 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 housing/uniform allowances EXCEPT the Family Subsistence Supplemental Allowance (FSSA) and housing allowances through the Military Housing Privatizing Initiative. Do 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.

The Child and Adult Care Food Program is an equal opportunity program. If you believe you or anyone has been discriminated against because of race, color, national origin, sex, age, or disability, write immediately to: USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382