

CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care) FY: _____

Part 1. Enrolled Children: list names of all enrolled children				
Names of all enrolled children: Use additional pages if necessary (First and Last)	BIRTH DATE MM/DD/YYYY	CHECK IF IN HEAD/EVEN START	CHECK IF FOSTER CHILD	CHECK IF HOMELESS CHILD
	/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 2. Benefits: If any member of your household received SNAP (food stamps) or TANF cash assistance, provide the name and case number for the person who receives benefits. **If no one receives these benefits, skip to part 3.**
 NAME: _____ CASE NUMBER: _____

Part 3. Total Household Gross Income —You must tell us how much and how often					
A. Name – First and Last (List only household members not listed in Part 1)	B. Gross Income and how often it was received				
	<i>For example \$200/week or \$150/twice a month</i>				
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA benefits	4. Other Income	5. Check if no income
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>

Part 4. Signature and Last Four Digits of Social Security Number (Adult must sign) - An adult household member must sign this form. **If Part 3 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the “I do not have a Social Security Number” box.** (See Privacy Act Statement below)

I certify that all information on this form is true and that all income is reported. I understand that the center will get Federal funds based on the information I give; that center officials may verify the information on the form; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

Sign here: _____ Print name: _____ Date: _____

Last four digits of Social Security Number: ☒ ☒ ☒ ☒ - ____ - ____ ☐ I do not have a Social Security Number

Address: _____ Phone Number: _____

City: _____ State: _____ Zip Code: _____

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.

Part 5. Participant's ethnic and racial identities (optional)	
Mark one ethnic identity:	Mark one or more racial identities:
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other

Don't fill out this part. This is for official use only.
 Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Household size: _____ Total Annual Income: _____ SNAP/TANF Household: _____

Determination for: Free Meals _____ Reduced-Price Meals _____ Paid Meals _____ # Foster free _____ # Head/Even Start Free _____

Homeless Free _____

Determining Official's Signature: _____ Date: _____

CHILD CARE FOOD PROGRAM
(Household Letter for Non-Pricing Programs in Child Care Centers)

To: The Household Member

From: The Official Representative of the Sponsor STEPHANIE GILCHRIST

(Name of Center or Organization) MUSTARD SEEDS ACADEMY - RAINBOW CITY, AL

Please help us to comply with the requirements of the USDA Child and Adult Care Food Program (CACFP). The information requested on this Income Eligibility Form (IEF) is necessary in order for us to receive reimbursement for meals served to participants in our center. The form will be placed in our files and will be treated as confidential information.

INSTRUCTIONS FOR COMPLETING THE INCOME ELIGIBILITY FORM

PART 1 - ENROLLED CHILDREN: Print names of all children in household who are enrolled in the center. List the date of birth for each child. If a child is enrolled in Head Start or Even Start, is a foster child or the legal responsibility of the Welfare Agency or a court, or the child is homeless, indicate by marking the appropriate box.

PART 2 - IF ANY MEMBER OF THE HOUSEHOLDS RECEIVES SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP; formerly known as FOOD STAMPS) OR TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF):

1. List the name of the person receiving benefits.

2. List that person's current SNAP or TANF case number.

3. Sign the form in PART 4. An adult household member must sign. SKIP PART 3

PART 3 - HOUSEHOLD INCOME

1. List the names of all household members not listed in part one. Include yourself, children not enrolled in the center, your spouse, grandparents, and other related and unrelated people in your household. Use a separate sheet of paper if you need more space.

2. Write the amount of income each person now receives on the same line as their name, how often the person receives it, such as weekly, every two weeks, twice a month or monthly, and where it comes from. Income is all money before taxes or anything else is taken out. If any amount last month was more or less than usual, write that person's usual monthly income. If any of the household members receive no income, check the box in the last column.

3. Complete PART 4.

The participant in the day care facility may qualify for free or reduced priced meals if your household income falls within the limits on this chart. The amounts shown below are for **FREE and REDUCED-PRICE MEALS**.

PART 4 - SIGNATURE AND SOCIAL SECURITY NUMBER: ALL HOUSEHOLDS COMPLETE THIS PART

1. An adult household member must sign the form.

2. The form must have the last four digits of the social security number of the adult who signs **if part 3 was completed**. If the adult does not have a social security number, select the box indicating this. If all children in a family are foster children, a social security number is not required.

PART 5 - ETHNIC AND RACIAL IDENTITY: This information is requested solely for the purpose of determining compliance with Federal civil rights laws and will not affect your approval. If you do not mark this, a visual identification will be made and recorded.

Confidentiality: The information on the application is used only to determine eligibility for free or reduced-price meals and to verify eligibility.

The information reported on this form is valid for one year. You should, however, notify us if you or someone in your household becomes unemployed and the loss of income during the period of unemployment causes your household income to be within the eligibility standards.

Non-discrimination Statement:

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or if all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

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Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (in Spanish).

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