

Center Name: \_\_\_\_\_

**CHILD AND ADULT CARE FOOD PROGRAM**

Dear Parent or Guardian:

Please fill out the attached form and return it as soon as possible. The form will be kept in our files and treated as confidential. The information you give will help us get money for the meals served to children in our program through the U. S. Department of Agriculture’s Child and Adult Care Food Program.

If you get SNAP (Food Stamps) or TANF funding, fill out top of Part 3 of the form with your case number.

If you have a foster child in our program (he/she must be a legal ward of the State), check the applicable box in Part 1. If you are homeless, check the box in part 1.

If you do not have a SNAP (Food Stamps) number, TANF case number, or are not a foster child, you must fill out Part 3B of the form. Include the income(s) of all people living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children who live with you. An adult household member [parent/legal guardian] must sign and date the form and provide the last four (4) digits of their Social Security number.

The income you report must be last month’s total household income, before any taxes or anything else is taken out, for each household member. List the amount you normally get. For example, if you normally get \$1,000 each month, but you missed some work last month and only got \$900, put down that you get \$1,000 per month. All forms must be signed and dated by the parent or guardian in Part 4.

Thank you for taking the time to fill out this form. This center participates in the Child and Adult Care Food Program through the Sponsoring Agency of Children & Families First. If you need any help, please contact the center or you may contact Children & Families First at 302 479-1683.

**INCOME ELIGIBILITY GUIDELINES FOR REDUCED PRICE MEALS**  
**Effective Date July 1, 2018 – June 30, 2019**

<b>FAMILY SIZE</b>	<b>YEARLY</b>	<b>MONTHLY</b>	<b>Twice per Month</b>	<b>Every two Week</b>	<b>WEEKLY</b>
1	\$ 22,459	\$ 1,872	\$ 936	\$ 864	\$ 432
2	\$ 30,451	\$ 2,538	\$ 1,269	\$ 1,172	\$ 586
3	\$ 38,443	\$ 3,204	\$ 1,602	\$ 1,479	\$ 740
4	\$ 46,435	\$ 3,870	\$ 1,935	\$1,786	\$893
5	\$ 54,427	\$4,536	\$ 2,268	\$ 2,094	\$ 1,047
6	\$ 62,419	\$ 5,202	\$ 2,601	\$2,401	\$ 1,201
7	\$ 70,411	\$ 5,868	\$ 2,934	\$ 2,709	\$ 1,355
8	\$ 78,403	\$ 6,534	\$ 3,267	\$ 3,016	\$ 1,508
For each additional household member, add:	\$ 7,992	\$ 666	\$ 333	\$308	\$ 154

**USDA Nondiscrimination Statement** (October 14, 2015)

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: [How to File a Complaint](#), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; fax: (202) 690-7442; or email: [program.intake@usda.gov](mailto:program.intake@usda.gov). This institution is an equal opportunity provider.

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**Instructions for Completing the  
Child and Adult Care Food Program (CACFP)  
Income Eligibility Form**

Please complete the Child and Adult Care Food Program Income Eligibility Form using the instructions below. Sign the form and return it to the center/sponsor. Call the center/sponsor if you need help. **Children & Families First is the sponsoring agency for this center and can be contacted at 302 479-1683.**

**PART 1: PARTICIPANT(S) INFORMATION:**

- Print the name(s) of all Participant(s) enrolled.
- RACIAL/ETHNIC IDENTITY: We are required to ask for information about the participant's race and ethnicity. This information is important, and helps us to make sure we are fully serving the community. Responding to this section is optional, and does not affect the participant's eligibility.

**PART 2: ENROLLMENT**

- Start date, arrival and departure times, normal days and normal meals must be completed at the time of enrollment and/or renewal.

**PART 3: HOUSEHOLD INCOME**

- List your current SNAP Case Number or TANF Identification Number for the participant. **DO NOT** complete Part 3A OR 3B. **Go to PART 4.**

**PART 3A:**

**ONLY HOUSEHOLDS ENROLLING A FOSTER CHILD**, or if children in the household earn income: **COMPLETE THIS SECTION.** Refer to specific instructions indicated. All foster children indicated in PART 1 should be included.

**PART 3B:**

**ALL** Adult Household Members (including yourself) complete this section. List all Household Members even if they do not receive income. For each Household Member listed, if they do receive income, report total income for each source in whole dollars only. If they do not receive income from any source, write "0". If you enter "0" or leave any fields blank, you are certifying (promising) that there is not income to report.

- Write the names of everyone in your household.
- Write the amount of income received last month for each household member (the amount before taxes or before anything else is taken out), 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.
- An adult household member reporting total household income must sign the form and include the last four digits of his/her Social Security Number in **PART 4.**

**Note to Center/Reviewer: If you are uncertain of how the family receives income (monthly, weekly, bi-weekly, annually) consider the income reported as the income for the month. If this is not workable, contact the family for clarification.**

INCOME TO REPORT		
<b>Earnings From Employment:</b> Wages/Salaries/Tips Strike Benefits Unemployment Compensation Worker's Compensation Net income from self-owned business or farm	<b>Pensions/Retirement/Social Security:</b> Pensions, Supplemental Security Income Cash withdrawn from savings, Retirement Income Veteran's Payments Social Security Regular contributions from persons not living in the household	<b>Other Income:</b> Disability Benefits Interest/Dividends Income from Estate/Trusts/Investments Net Royalties/Annuities Net Rental Income Any Other Income
<b>Welfare/Child Support/Alimony:</b> Public Assistance Payments Welfare Payments Alimony/Child Support	<b>Military Household:</b> All cash income, including military housing/uniform allowances Does not include "in-kind" benefits NOT paid in cash (base housing, medical care, clothing, food, etc.)	<b>Foster Child's Income:</b> ONLY funds from welfare agency identified by category for <b>personal use</b> of child (clothing, school fees, etc.), funds from child's family for personal use, and earnings from other sources (i.e., occasional or part-time employment) need to be included. <b>DO NOT</b> count funds from welfare agency for shelter, care, etc.

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

- All Income Eligibility Forms must have the signature of an adult household member.
- The adult household member who signs the form must include the last four digits of his/her Social Security Number **IF** the participant is eligible for "free or reduced" based on household income. Section 9 of the National School Lunch Act requires that unless the participant's SNAP (food stamp), TANF case number is provided or the participant is a foster child or homeless, you must include the last four digits of the Social Security Number of the household member signing the statement, or an indication that the household member signing the statement does not possess a Social Security Number. Provision of the last 4 digits of the 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. 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. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a SNAP or TANF office to determine current certification for receipt of SNAP or TANF benefits, contacting the State Employment Security Office to determine the amount of benefits received and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal action. If he/she does not have a Social Security Number, check the "I do not have a Social Security Number" box.
- If you listed a **SNAP** or **TANF** case number or the participant is a **Head Start, ECAP, Foster** or **Homeless** child, the last four digits of a Social Security Number **is not** needed.

**SPONSOR USE ONLY – Eligibility Determination: To be completed by Child Care Representatives ONLY.** (1) Complete total household income and size section. Compare total Income to *Household Income Eligibility Guidelines*. When household incomes are listed from different pay persons, you must convert all income to yearly income using the conversion table listed. Follow other instructions as indicated. (2) The review/effective date can be made retroactive back to the first day of participation in the CACFP as long as it occurs in the same month this form is received.

**PRIVACY ACT STATEMENT:** *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, i.e., Food Stamp), Temporary Assistance for Needy Families (TANF) Program 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.*

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To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:  
(1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410  
(2) fax: (202) 690-7442; or  
(3) Email: [program.intake@usda.gov](mailto:program.intake@usda.gov).  
This institution is an equal opportunity provider.



CHILD INCOME ELIGIBILITY FORM CENTER/PROVIDER NAME:

PART 1 (Complete one application per household. Please use a pen, not a pencil.)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."

Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price School Meals for more information.

Table with columns: Child's First Name, MI, Child's Last Name, Date of Birth, Ethnicity (Hispanic or Latino), Race (American Indian or Alaskan Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, White), Foster Child, Homeless, Migrant, Runaway.

PART 2 - ENROLLMENT

Form for enrollment details including Start Date, Arrival Time, AM/PM, Departure Time, AM/PM, Shift Work, Yes/No, Normal days of week, Meals eaten at Providers/Center.

PART 3 - HOUSEHOLD INCOME

Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP or TANF? Check one: Yes / No

If you answered NO - Complete Part 3. If you answered YES - Write a case number below, then go to Part 4 (Write only one case number in this space)

Form for household income details including Child Income, How Often?, B. All Adult Household Members (including yourself).

Table for household income details with columns: Name of Adult Household Members, Earnings from Work, Public Assistance/Child Support/Alimony, Pensions/SSI/Retirement/All Other Income, and frequency options (Weekly, Bi-Weekly, 2x Month, Monthly).

PART 4 - CONTACT INFORMATION and ADULT SIGNATURE

An adult household member must sign and date this form before it can be approved. "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, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Form for contact information including Total Household Members, Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household, and Check if No SSN.

Form for contact information including Street Address (if available), City, State, Zip, Signature of adult completing the form, and Today's Date.

SPONSOR USE ONLY:

Form for sponsor use including Categorical Eligibility (If Yes, Check One) and DATE WITHDRAWN.

Total Family Income: Family Size: (Include all Participants)
Yearly Income Conversion: Weekly x 52; Every Two Weeks x 26; Twice a Month x 24; Monthly x 12

ELIGIBILITY - Based on the information provided this application will be:
Approved FREE, Approved REDUCED, Denied - The meals will be claimed in the PAID category.

Determining Official Signature: Review/Effective Date:



## Sponsor Use Only

\_\_\_\_\_

**Determining Official**

\_\_\_\_\_

**Date**

**Participant/s Exit Date:** \_\_\_\_\_

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