2011-2012

Provider Name and Provider Number
____

CACFP MEAL BENEFIT HOUSEHOLD INCOME ELIGIBILITY FORM

Part 1. All Household Members

Name of Enrolled Child(ren):

Names of all household members (First, Middle Initial, Last)	**Date of Birth**	CHECK IF A FOSTER CHILD (THE LEGAL RESPONSIBILITY OF A WELFARE AGENCY OR COURT) * IF ALL CHILDREN LISTED BELOW ARE FOSTER CHILDREN, SKIP TO PART 4 TO SIGN THIS FORM.	CHECK IF NO INCOME
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐

Part 2. Benefits: If any member of your household received [State SNAP], [FDPIR], or [State TANF cash assistance], or [Child Care Block Grant (Title TXX)] 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 (List **only** household members with income)	**B. Gross income and how often it was received** 1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA benefits	4. All Other Income
(Example) *Jane Smith*	$200/weekly_____	$150/twice a month_	$100/monthly_____	$______/________
	$______/_________	$______/_________	$______/_________	$______/________
	$______/_________	$______/_________	$______/_________	$______/________
	$______/_________	$______/_________	$______/_________	$______/________
	$______/_________	$______/_________	$______/_________	$______/________
	$______/_________	$______/_________	$______/_________	$______/________

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 on the back of this page.)

I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.

Sign here: ____ Print name: ____

Date: ____________________________

Address: ____ Phone Number: _______________________

City:____ State: ________________ Zip Code: ________________

Last four digits of Social Security Number: _*_ _*_ _*_ - _*_ _*_ - __ __ __ __ ☐ I do not have a Social Security Number

___ Initial here if you consent to allowing your Family Child Care Home Provider to collect your form and provide it to the Sponsor. Your Family Child Care Home Provider will not review your form.

Part 5. Participant's ethnic and racial identities (optional)

Mark one ethnic identity:	Mark one or more racial identities:	
❑ Hispanic or Latino ❑ Not Hispanic or Latino	❑ Asian ❑ White ❑ Black or African American	❑ American Indian or Alaska Native ❑ Native Hawaiian or Other Pacific Islander

Don't fill out this part. This is for official use only.

Monthly Income Conversion: Weekly x 4.33, Every 2 Weeks x 2.15, Twice A Month x 2, Monthly x 1

Total Monthly Income: $____________ Total Household size: _________ ❑foster child

Eligibility: Tier I ❑ ❑ SNAP/TANF/FDPIR/Title XX/Other Not Eligible: ❑ Income Too High ❑ Incomplete

Temporary Approval: ❑ Time Period: ______________________________(reviewed after __45___ days)

Determining Official's Signature: ____ Date: ______________

Follow-up Official's Signature: ____ Date:______________

Effective Date(no earlier than first of current month): _______________________________________

Household size	Yearly	Monthly	Twice Per Month	Every 2 Weeks	Weekly
1	20,147	1,679	840	775	388
2	27,214	2,268	1,134	1,047	524
3	34,281	2,857	1,429	1,319	660
4	41,348	3,446	1,723	1,591	796
5	48,415	4,035	2,018	1,863	932
6	55,482	4,624	2,312	2,134	1,067
7	62,549	5,213	2,607	2,406	1,203
8	69,616	5,802	2,901	2,678	1,339
Each additional person:	7,067	589	295	272	136

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), 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.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. "In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."