

INCOME ELIGIBILITY APPLICATION

Child and Adult Care Food Program Family Day Care

FOR SPONSOR USE ONLY

___ Provider Home Qualification

___ Provider Own Child Determination

___ Tier II Child Determination

PART 1 PROVIDER'S NAME _____

PART 2 – ENROLLED CHILDREN and/or PROVIDER'S OWN CHILDREN

	LAST	FIRST		Birth Date		Birth Date
Name _____	_____	_____	_____	____/____/____	Name _____	____/____/____
Last	First	Middle	Birth		Last	First
Name _____	_____	_____	_____	____/____/____	Name _____	____/____/____
Last	First	Middle	Birth		Last	First

PART 3 – FOSTER CHILDREN: Name _____ Birth Date ____/____/____

PART 4 – HOUSEHOLDS NOW GETTING SUPPLEMENTAL NUTRITION ASSISTANCE (SNAP) (formally Food Stamps) TANF (Temporary Assistance for Needy Families) OR OTHER STATE OR FEDERAL PROGRAMS WHICH MEET CACFP INCOME CRITERIA FOR THEIR CHILDREN. If you complete this part, DO NOT complete PART 5. Skip to PART 6.

SNAP Case No.: _____ TANF Case No.: _____

PART 5 – HOUSEHOLD MEMBERS AND MONTHLY INCOME: If you gave a SNAP or TANF case number for the child, or foster child information, skip to PART 6.

NAMES OF HOUSEHOLD MEMBERS	Gross MONTHLY Earnings (Before Deductions)		MONTHLY Welfare Payments, Child Support, Alimony	MONTHLY Payments from Pension, Retirement, Social Security	Any Other MONTHLY Income
	Job 1	Job 2			
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

PART 6 – SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of Federal funds; that day care officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

X _____
Signature of Adult Household Member

0000-00-_____
Social Security Number (Needed only if you completed PART 5)
LAST FOUR DIGETS OF SS # ONLY

_____ HOME TELEPHONE NO. _____ WORK TELEPHONE NO.

_____ PRINTED NAME _____ MAILING ADDRESS/CITY/STATE/ZIP ____/____/____ DATE

PART 7 – RACIAL/ETHNIC IDENTITY: (You are not required to give this information.) Please check the race and ethnic identity.

- RACE** White Black or African American Asian/Pacific Islander American Indian/Alaskan Native Native Hawaiian/Pacific Islander
- ETHNIC** Hispanic/Latino Not Hispanic/Latino

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Section 9 of the National School Lunch Act requires that unless your children's SNAP or TANF case number is provided, you must include a social security number on the application. This may be either the social security number of the parent or guardian who is the primary wage earner or the social security number of the adult household member signing the application, or an indication that neither household member possesses a social security number. If a social security number is not provided or an indication is not made that neither the primary wage earner nor the adult household member signing the application has one, the application cannot be approved. This notice must be brought to the attention of the household member whose social security number is disclosed. 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 application. These verification efforts may be carried out through program reviews, audits, and investigations and may include 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 actions if incorrect information is reported.

SNAP/TANF/FOSTER CHILD /Other HOUSEHOLD CATEGORICALLY ELIGIBLE for TIER I RATES _____

ANNUAL INCOME CONVERSION: WEEKLY X 52 EVERY 2 WEEKS X 26 TWICE A MONTH X 24

TOTAL HOUSEHOLD SIZE: _____ YEARLY INCOME: _____ MONTHLY INCOME: _____ WEEKLY INCOME: _____

ELIGIBILITY DETERMINATION: TIER I RATES _____ TIER II RATES _____

SIGNATURE OF DETERMINING OFFICIAL _____

DATE _____

INCOME ELIGIBILITY APPLICATION
Child and Adult Care Food Program
Family Day Care

To: **The Household Member**

From: **The Official Representative of the Sponsor** _____

(Name of Center or Organization) _____

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

INSTRUCTIONS FOR COMPLETING THE APPLICATION

PART 1 – PROVIDER’S NAME – Print name of Home Provider where your child is enrolled, or Provider should print their name if applying for home qualification.

PART 2 – ENROLLED CHILDREN AND/OR PROVIDER’S OWN CHILDREN:

1. Print the names of all children in your household who are enrolled in the center. List the date of birth for each child.
2. USDA defines a household as a group of related or unrelated individuals (not residents of an institution or boarding house) who are living as one economic unit (i.e., sharing living expenses).

PART 3 – FOSTER CHILD

Foster children are categorically eligible for **Tier 1 meals**. Attach documentation to Income Eligibility Application. Foster children should be counted as part of the family in which they reside. The foster child’s name and birthday should be listed in Part 3. Separate applications are required for each Foster Child residing in a household. Foster Care documentation must be from a viable state or governmental agency.

PART 4 – HOUSEHOLDS NOW GETTING SNAP OR TANF FOR THEIR CHILDREN.

1. Complete PART 4 and PART 6.
2. List a current SNAP or TANF case number for the child.
3. Sign the application in PART 6. An adult household member must sign. SKIP PART 5. Do not list names of household members or income if you list a SNAP or TANF case number for each child.

PART 5 – ALL OTHER HOUSEHOLDS: COMPLETE THIS PART AND PART 6.

1. Write the names of everyone in your household, whether they get income or not. Include yourself, the child you are applying for, all other children, your spouse, grandparents, and other related and unrelated people in your household.
2. Write the amount of income each household member got last month, before taxes or anything else was taken out, and where it came from, such as earnings, welfare, pensions, and other income. If any amount last month was more or less than usual, write that person’s usual monthly income.
3. An adult household member must sign the application and give the last four digits of his/her social security number in PART 6.

Use 185 % of the current INCOME ELIGIBILITY GUIDELINE-Effective July 1, to June 30, for each fiscal year– This information will help you determine Tier I reimbursement. Households with income less than or equal to these values are eligible for Tier I meal benefits. The total income amount before taxes and other deductions are taken out must be included: The Income Eligibility Guidelines can be located in the Alabama State Department of Education, Child Nutrition Programs website or the USDA/CACFP website. Make sure you use the **Reduced Price Meals – 185%** under **48 CONTIGIOUS STATES, DISTRICT OF COLUMBIA, GUAM, AND TERRITORIES.**

PART 6 – SIGNATURE AND SOCIAL SECURITY NUMBER: ALL HOUSEHOLDS COMPLETE THIS PART

1. All applications must have the signature of an adult household member.
2. The application must have the last four digits of the social security number of the adult who signs. If the adult does not have a social security number, write “none” or something else to show that the adult does not have a social security number. If you listed a SNAP or TANF number for your child or if you are applying for a foster child, a social security number is not needed.

PART 7 – RACIAL/ETHNIC IDENTITY: Complete the racial/ethnic identity question if you wish. You are not required to answer this question. We need this information to make sure that everyone is treated fairly.

Reporting Changes: The information reported on this form is valid for one year. If you have a change such as a decrease in household income, an increase in household size, become unemployed or get SNAP or TANF for your child, you do not have to complete another application until the end of the 12 month eligibility period.

Confidentiality: The information you give on the application will be used only to determine the eligibility of your child or home for Tier I reimbursement and to Verify eligibility.

Non-Discrimination: *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.)*

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. 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). USDA is an equal opportunity provider and employer.