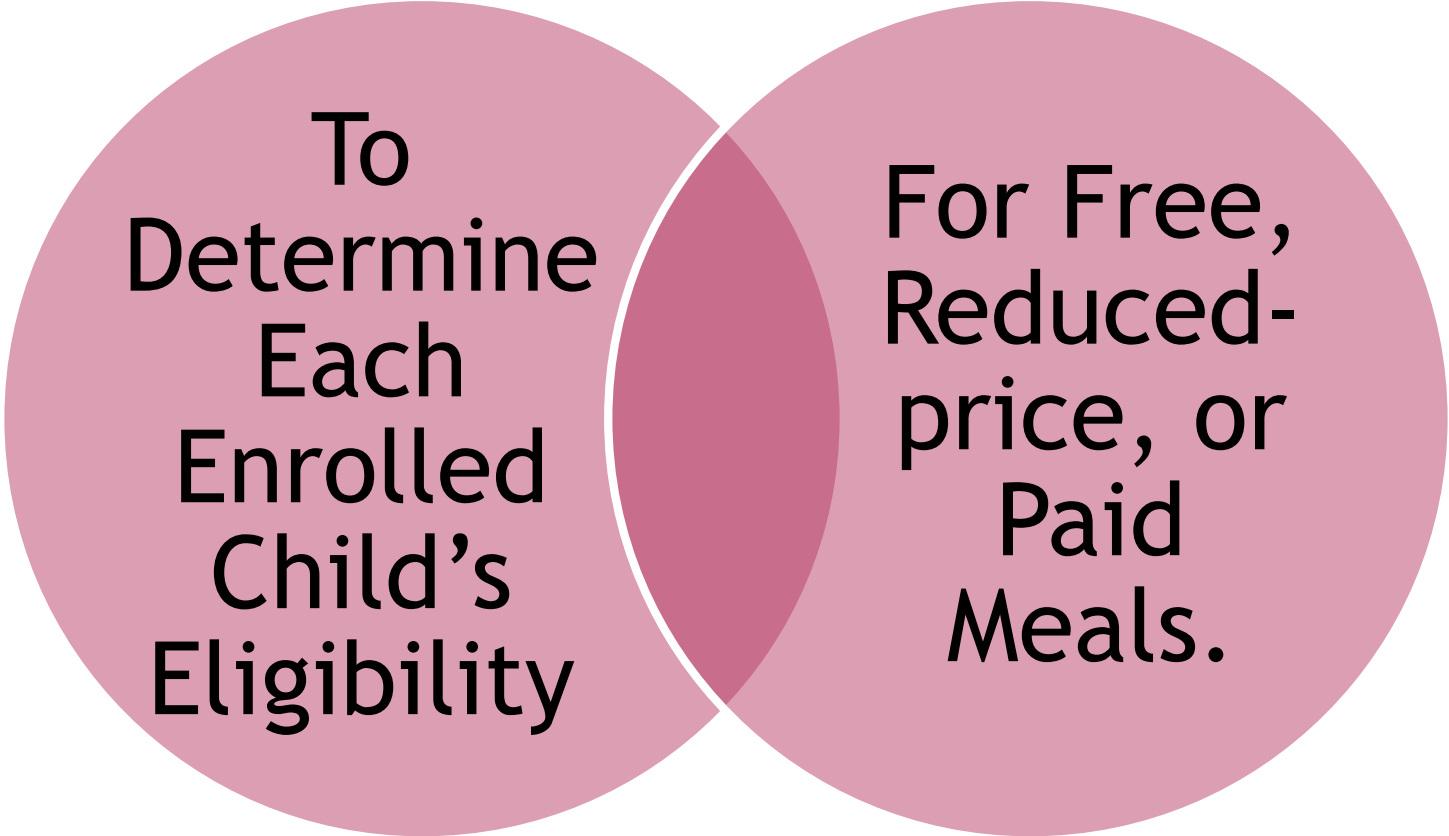


INCOME ELIGIBILITY FORMS

CACFP Website under Existing
Sponsors tab or pages 25-35 in
CACFP workbook

PURPOSE OF INCOME ELIGIBILITY FORMS



To
Determine
Each
Enrolled
Child's
Eligibility

For Free,
Reduced-
price, or
Paid
Meals.

AVAILABLE WHERE ?

On the CNP Website at the Child and Adult Care Sponsor link under the tab “Existing Sponsors”.

Every Child



claimed in the **free** or **reduced-price** category **MUST** have a complete Income Eligibility Form on file.



SECURITY

- A very limited number of people should have access to the IEFs.



Confidentiality

Put in a locked cabinet . .
.. Not for public viewing

INSTRUCTIONS - SIDE 2

Complete name of center and name of Official Representative.

To: The Household Member

Alfredia Griffin

From: The Official Representative of the Sponsor

Children of Work

(Name of Center or Organization

PART 1 - ENROLLED CHILDREN

CHILD IEF

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"/>

- Make sure all enrolled children in household are listed in part 1.
- Six children per household may be listed. (7th child must be listed on a new IEF.)
- Document each child's birth date.
- Head Start child, Foster child, Homeless, mark the box next to name.
- Abbreviations and initials are not acceptable.
- Nicknames may be listed in parenthesis.

ADULT IEF

Part 1. Name of Adult Participant(s)- (First and Last; use additional sheets if necessary)

CATEGORICALLY FREE

- ⦿ Head Start
- ⦿ Even Start
- ⦿ Foster
- ⦿ SNAP
- ⦿ TANF
- ⦿ Homeless

HEAD START/EVEN START PARTICIPANTS

- ◉ Not required to have an IEF, but we suggest keeping one for proof of eligibility.

HOUSEHOLDS WITH BOTH HEAD START AND NON-HEAD START PARTICIPANTS

- ◉ List all enrolled children in part 1.
- ◉ Parent marks the box next to name of child that is in Head or Even start.
- ◉ Head Start children will be determined at the free rate.
- ◉ Other children will be based on income by household members.

FOSTER CHILDREN

- ◉ A foster child is defined as a child whose care and placement is the responsibility of the State or who is placed by a court with a caretaker household.

HOMELESS CHILDREN

- ◉ If the household does not complete the application, it is acceptable for the director of the homeless shelter to submit the application for the child.

PART 2: BENEFIT INFORMATION

- CHILD

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: _____

- (SNAP) Supplemental Nutrition Assistance Program
- (TANF) Temporary Assistance to Needy Families
 - MUST Provide the CASE NUMBER
- **ALL are CATEGORICALLY FREE**

PART 2: BENEFIT INFORMATION - ADULT

Part 2. Benefits: If the participant or anyone in the household receives SNAP (food stamps) or SSI or Medicaid, provide a case number below. If these benefits are not received, skip to part 3.

CASE NUMBER: _____

- ⦿ SNAP
- ⦿ SSI
- ⦿ Medicaid

PART 3: TOTAL HOUSEHOLD GROSS INCOME

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"/>

- ⦿ Complete **ONLY** if eligibility was not determined by completing parts 1 or 2.
- ⦿ All household members, **not listed in Part 1**, must be listed with gross income.
- ⦿ The current income or
- ⦿ List how often they are paid.

PART 3: HOUSEHOLD MEMBERS ADULT

Part 3. Total Household Gross Income—You must tell us how much and how often					
A. Name – First and Last (List name of the participant's spouse and any dependent children)	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) – You or an adult household member

- List participants' spouse and any dependent children's name
- List the income of all people residing in household

INCOME

Monthly Income is Required

- If given weekly - multiply by 52
- If given every 2 weeks - multiply by 26
- If given twice a month - multiply by 24
- If given monthly - multiply by 12

\$200 a week: $200 \times 52 = \$10,400$

\$400 monthly: $400 \times 12 = \$4800$

PART 4: SIGNATURE AND SOCIAL SECURITY NUMBER

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: Rose Carter Print name: Rose Carter Date: 2/28/2050

Last four digits of Social Security Number: *~~XXX-XX-5809~~ I do not have a Social Security Number

Address: 124 Sunny Street Phone Number: 321-4567

City: Sunshine State: AL Zip Code: 36109

MUST be signed and dated by:

- Adult household member
- Case worker for child care.
- Adult participant

What if the parent refuses to give you their income?



PART 5 - ETHNICITY AND RACE

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"/> Asian	<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Other

Households are asked to check the ethnic and racial identity of each child.

**If left
off....**



ETHNICITY.....

- Hispanic or Latino
or
 - Not Hispanic or Latino
-
- Hispanic or Latino - definition - A person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin, regardless of race



RACE.....

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White
- Other



Check all that apply

FOR OFFICIAL USE ONLY

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: _____

The sponsor must **determine** eligibility and **approve** each IEF by completing this section.

BEFORE YOU DETERMINE ELIGIBILITY OR APPROVE THE IEF'S

- ◉ Be sure all children in the household enrolled at your center are listed in Part 1.
- ◉ Make sure each IEF is complete.
- ◉ Have the Income Evaluation Sheet, page 33.

OFFICIAL USE ONLY

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: <u>6</u>	Total Annual Income: <u>\$33,200</u> SNAP/TANF Household: _____
Determination for: Free Meals <u>4</u>	Reduced-Price Meals _____ Paid Meals _____ # Foster Free _____
# Head/Even Start Free _____	# Homeless Free _____
Determining Official's Signature: <u><i>Karen Smith</i></u>	Date: <u>9/12/2050</u>

- Household Size – Number of children from Part 1 and other household members in Part 3 should be included here.
- Total Annual Income – convert any income (weekly, monthly, bi-weekly, etc.) listed into annual income.
- Using the Evaluation Sheet for determining Income Eligibility.
- Indicate eligibility, sign and date.

COMBINATION OF DETERMINING FACTORS

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: 7 Total Annual Income: \$61,000 SNAP/TANF Household: _____

Determination for: Free Meals _____ Reduced-Price Meals 2 Paid Meals _____ # Foster Free 1

Head/Even Start Free 2 # Homeless Free _____

Determining Official's Signature: Karen Smith Date: 4/11/2050

Determination when family has a combination of determining factors:

- Family of 7 with one foster, two Head Start and two other children and an income of \$61,000

SIGN AND DATE THE IEF

- ⦿ Person that determines the eligibility must sign and date the IEF.
- ⦿ The date signed must be the **same or later** date than signature by household member.
- ⦿ Effective date of IEF may be no earlier than the first of the month in which the IEF was determined eligible.
- ⦿ Meals can not be claimed Free or Reduced before the effective date.

Date Approved must be Same as or date after the parent !

<p>Part 4. Signature and Last Four Digits of Social Security Number (Adult must sign) – You or 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*)</p> <p><i>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.</i></p> <p>Sign here: _____ Print name: _____ Date: 02/28/50</p> <p>Last four digits of Social Security Number: <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> - <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> - _____ <input type="checkbox"/> I do not have a Social Security Number</p> <p>Address: _____ Phone Number: _____</p> <p>City: _____ State: _____ Zip Code: _____</p> <p>-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.</p>			
<p>Part 5. Participant's ethnic and racial identities (optional)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> <p>Mark one ethnic identity:</p> <p><input type="checkbox"/> Hispanic or Latino</p> <p><input type="checkbox"/> Not Hispanic or Latino</p> </td> <td style="width: 50%;"> <p>Mark one or more racial identities:</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> American Indian or Alaska Native</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> Other</p> </td> </tr> </table>		<p>Mark one ethnic identity:</p> <p><input type="checkbox"/> Hispanic or Latino</p> <p><input type="checkbox"/> Not Hispanic or Latino</p>	<p>Mark one or more racial identities:</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> American Indian or Alaska Native</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> Other</p>
<p>Mark one ethnic identity:</p> <p><input type="checkbox"/> Hispanic or Latino</p> <p><input type="checkbox"/> Not Hispanic or Latino</p>	<p>Mark one or more racial identities:</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> American Indian or Alaska Native</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> Other</p>		
<p>Don't fill out this part. This is for official use only.</p> <p style="text-align: center;">Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12</p> <p>Household size: _____ Total Annual Income: _____ SNAP/SSI/Medicaid Household: _____</p> <p>Determination for: Free Meals _____ Reduced-Price Meals: _____ Paid Meals _____</p> <p>Determining Official's Signature: _____ Date: 02/28/50</p>			

Income Eligibility Forms are Effective the First Day the Child/Adult Attends

IF

The IEF is completed **and** approved
during the **same** calendar month

- ◎ **Sally Brown's first day of attendance is 10/5**
- ◎ **Her IEF is approved as Free on 10/5**

When is she eligible for Free meals?

October 5

- ⦿ Antoine Parker's first day of attendance is 10/10
- ⦿ His IEF Application is approved as Reduced on 10/31

When is he eligible for Reduced-price meals?

October 10

YOU TRY.....

- A child enrolls and attends a center on December 5th and begins receiving meals that day. The parent returns the IEF on January 15th. The IEF is determined free on January 15th.
- In what **category** may you claim the child in December? Paid
- In what **category** may you claim the child in January? Free

ORGANIZATION AND STORAGE OF IEFs

SUGGESTIONS

- ◉ An IEF is only valid for **one** calendar year (from time child enters center).
- ◉ Print on a different color paper each year.
- ◉ Print form on one side and the Household Instructions on the other.
- ◉ Keep in alphabetical order in a three ring binder.
- ◉ Do not discard **any IEF** received.
- ◉ Do not file the IEF with the child's other records.
- ◉ IEFs must be kept for **four years**.
- ◉ If a parent does not complete an IEF and you have a Head Start eligibility statement on the child, you must keep the statement on file with the IEFs in order to document that the child is Head Start Eligible Free.

IDEAS: GETTING PARENTS TO RETURN IEFS

- ❑ Complete the known information that is constant from year to year.
- ❑ Highlight the line that the parent or guardian needs to complete, (signature, social security number, income, and date).

MINI REVIEW - IEF

1. Income Eligibility Forms may be effective no earlier than the first day of the month in which they are determined. True False
2. The determination of Free, Reduced, or Paid should be made when the IEF is received. True False
3. For an IEF to be effective, it must be signed and dated by the determining official. True False
4. IEFs may remain in effect for a maximum of one calendar year. True False

QUESTIONS

????????????????

????????????????

????????????????