## **CACFP Meal Benefit Income Eligibility**

## **Sponsor Name:**

APPLY ONLINE: Insert URL Here

Complete one application per household. Please use a pen (not a pencil). Center Name:

STEP 1 List ALL childr	en or adults in day care (if more spaces are required for	r additional names,	, attach another sheet of pa	aper)		
Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals.  Children in Head Start are eligible for free meals if an approved head start application or statement of enrollment is attached.  STEP 2 List the follow	Participant's First Name	MI	Participant's Last Name	s, or for adult daycar	e: SNAP, FDPIR, SSI, or Mo	Foster Child Migrant Runaway Homeless Head Star
IF NO > Go to STEP 3 IF YE	S > Write case number here and proceed to STEP 4 (do )	not complete STEP	3) CASE NUMBER:			Write only one case number in this space
STEP 3 Report Incom	e for ALL Household Members (Skip this step if you ans	wered 'Yes' to STE	P 2)			
Are you unsure what income to include here? Flip the page and review the charts titled "Sources of Income" for more information.	A. Child Income     Sometimes children in the household earn or receive     TOTAL income received by all child Household Members     B. All Other Household Members (Including yourself)     List all adult Household Members (including yourself) income (before taxes) for each source in whole dollars.	ers listed in STEP 1 ho as well as any childre	ere. en not listed in STEP 1 even if	•	•	ed, if they do receive income, report total gross er '0', you are certifying that there is no income.
The "Sources of Income for Children" chart will help you with the Child Income	Name of Household Members (First and last)	Earnings from Work	How often?  Weekly Bi-Weekly Monthly Annually	Welfare/Child Support/Alimony	How often?  Weekly Bi-Weekly Monthly Annu	Pensions/Retirement/ Social Security/SSI/ VA Benefits  Weekly Bi-Weekly Monthly Annually  \$
section.  The "Sources of Income for Adults" chart will help you		\$	0 0 0 0	<b>\$</b>	0 0 0 0	s 0 0 0 0
with All Adult Household Members section.  Definition of Household		\$	0 0 0 0	<b>\$ \$</b>	0 0 0 0	) s
Member: "Anyone who is living with you and shares income and expenses, even if not related."		\$ Last Four Digits of	Social Security Number (SSN) of	\$	0 0 0 0	s
	Total Household Members (Children and Adults)  mation and adult signature. SUBMIT COMPLETED FORM	Primary Wage Ear	ner or other Adult Household Men	aber X X X	XX	Check if no SSN
"I certify (promise) that all	information on this application is true and that all inc rmation. I am aware that if I purposely give false info	come is reported.	understand that this info			
Print Name of Adult Signing th	e Form	Signature of Adu	ılt		Today	y's Date
Address		City		tate 7in	Phone	se/Fmail

Source of Income for Children					
Sources of Child Income	Examples				
Earnings from work	A child has a regular full or part-time job where they earn a salary or wages				
Social Security - Disability Payments - Survivors Benefits	A child is blind or disabled and receives Social Security benefits     A parent is disabled, retired, or deceased, and their child receives Social Security benefits				
Income from person outside of household	A friend or extended family member reguarly gives a child spending money				
Income from any other source	A child receives regular income from a private pension fund, annuity, or trust				

Source of Income for Adults						
Earnings from Work	Public Assistance/Alimony/ Child Support	Pensions/Retirement/ All other sources of income				
Salary, wages, cash bonuses     Net income from self-employment (farm or business)  If you are in the U.S. Military:     Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances)     Allowances for off-base housing, food, and clothing	Unemployment benefits Workers compensation Supplemental Security Income (SSI) Cash assistance from State or local government Alimony payments Child support payments Veterans benefits Strike benefits	Social Security (including railroad retirement and black lung benefits)     Private Pensions or disability benefit lncome from trusts or estates     Annuities     Investment income     Earned interest     Rental income     Regular cash payments from outside household				

income from any other source	annuity, or trust				
ODTIONAL D. W. W. File	1 10 0		_		
OPTIONAL Participant's Ethnic and Racial Id	dentities (Optional)				
We are required to ask for information about the does not affect eligibility for receiving meals duri		is information is important and	helps to make sure we are fo	ally serving our community. Respondir	ng to this section is optional and
Ethnicity (check one): Hispanic or Latino	Not Hispanic or Latino				
Race (check one or more): American Indian o	r Alaskan Native Asian	Black or African American	Native Hawaiian or Other Paci	ic Islander White	
The Richard B. Russell National School Lunch Act req application. You do not have to give the information, bu care center/provider receives may be impacted. You m the social security number of the adult household men last four digits of the social security number is not req a foster child or you list a Supplemental Nutrition Assi. Assistance for Needy Families (TANF) Program or Food Reservations (FDPIR) case number or other FDPIR ider indicate that the adult household member signing the security number. We will use your information to deter your child care center/provider. We MAY share your elihealth, and nutrition programs to help them evaluate, for programs, auditors for program reviews, and law enfointo violations of program rules.	t if you do not, the funds your child ust include the last four digits of other who signs the application. The uired when you apply on behalf of stance Program (SNAP), Temporary I Distribution Program on Indian atifier for your child or when you application does not have a social mine the meal reimbursement for gibility information with education, und, or determine benefits for their	employees, and institutions part disability, age, or reprisal or reta require alternative means of con Agency (State or local) where the Federal Relay Service at (800) 8.  To file a program complaint of digov/complaint_filing_cust.html, form. To request a copy of the complaint.	Icipating in or administering USDA liation for prior civil rights activity numunication for program informatey applied for benefits. Individuals 77-8339. Additionally, program information, complete the USDA and at any USDA office, or write a mplaint form, call (866) 632-9992 Agriculture ant Secretary for Civil Rights Avenue, SW	s programs are prohibited from discriminating in any program or activity conducted or fund ion (e.g. Braille, large print, audiotape, Americ who are deaf, hard of hearing or have speech ormation may be made available in languages	ed by USDA. Persons with disabilities who can Sign Language, etc.), should contact the n disabilities may contact USDA through the sother than English.  D-3027) found online at: http://www.ascr.usda. etter all of the information requested in the DA by:  *Only use this address if you are filing a complaint of discription to the property of the prope
DO NOT FILL OUT Sponsor use only - The	ne Determining Official's dated signa	ature is required			
<b>Annual Income Conversion:</b> Weekly x 52, Every	2 Weeks x 26, Monthly x 12 (requir	ed if earnings are in more than or	ne frequency type)		e this space for income calculations:
Total Income Wee	How often?    Kity   Bi-Weekty   Monthly   Annually		Free Re	Eligibility duced Paid Tier I Tier II	
Determining Official's Signature (required)	Date (required) 2nd Officia	ıl's Signature	Date	3rd Official's Signature	Date