## Child and Adult Care Food Program Child Care Center Meal Benefit Income Eligibility Form

| Part 1. All Household Members  |  |                           |   |  |  |  |
|--|--|---------------------------|---|--|--|--|
| Name of Enrolled Child(ren): Christina & Silvia Confused   |  |                           |   |  |  |  |
| Names of all household members<br>(First, Middle Initial, Last)  |  |                           | CHECK IF A FOSTER CHILD (THE LEGAL<br>RESPONSIBILITY OF A WELFARE AGENCY<br>OR COURT)<br>* IF ALL CHILDREN LISTED BELOW ARE<br>FOSTER CHILDREN, SKIP TO PART 5 TO CHECK |  |  |  |
| Christing Confused   |  |                           | SIGN THIS FORM. IF NO INCOME  |  |  |  |
| Christina Confused   |  |                           |   |  |  |  |
| Sílvía Confused  |  |                           |   |  |  |  |
| Ima Confused   |  |                           |   |  |  |  |
|  |  | LL household members, and |   |  |  |  |
|  |  | IECK UI                   |   |  |  |  |
| Part 2. Benefits: If any member of your household received [State SNAP], [FDPIR], or [State 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: CASE NUMBER: A |  |                           |   |  |  |  |
| Part 3. If any child you are appl<br>director, Homeless Liaison, M   |  |                           | NF or SNAP (Fo  | od Stamp) case<br>Ily qualify. Skip to                           | d call <b>[Your center</b><br>Runaway <b>□</b> |  |
| Part 4. Total Household Gross  | · · ·  | υ,                        | sign and date the   |  |  |  |
|  |  |                           |   |  |  |  |
| A. Name<br>(List only household members with<br>income)  | 1. Earnings from wo<br>before deductions   | ork 2. We<br>alimoi       |   | 3. Pensions, retirement,<br>Social Security, SSI, VA<br>benefits | 4. All Other Income                            |  |
| (Example)<br>Jane Smith  | \$ <u>200/weekly</u>   | \$ <u>150/</u>            | twice a month_  | \$ <u>100/monthly</u>  | \$/  |  |
| Ima Confused   | \$1200 / Mon   | <u>th</u> \$              | /   | \$/  | \$/  |  |
|  | \$/  | \$                        | /   | \$/  | \$/  |  |
|  | \$/  |                           |   |  |  |  |
|  | \$/  |                           | -   | t have a SNAP or TA  | -  |  |
|  | \$/  |                           | might qualify based on their income. Make sure<br>ey list the frequency of their pay <u>and</u> the last 4-   |  |  |  |
| Part 5. Signature and Last Fou   | Part 5. Signature and Last Four Digits of Social Se digits of their Social Security #. |                           |   |  |  |  |
| An adult household member must sign this form. If Pale and 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 thi<br>will get Federal funds based on t<br>understand that if I purposely giv<br>be prosecuted.<br>Sign Here: <u>Jma Confuse</u>  | he information I giv<br>e false information  | ve. I unde                | erstand that CACFP<br>ticipant receiving me   | officials may verify the in                                      | formation. I                                   |  |
|  |  |                           |   |  |  |  |
| Date: 7/30/14  |  |                           |   |  |  |  |
|  | Address: <u>4820 Old Main St</u> Phone Number: <u>215-123-4567</u>                     |                           |   |  |  |  |
| City: Philadelphia / State: PA Zip Code: 19134   |  |                           |   |  |  |  |
| Last four digits of Social Security Nu   | mber: <u>* * * - *</u> - <u>*</u> -  | <u>*</u> - <u>5</u> 5     | $8 \underline{1}$ $\Box$ I do not have  | ve a Social Security Numbe                                       | r  |  |

| $\Pi$ | Continued > |
|-------|-------------|
|       |             |

| Part 6. Participant's ethnic  | and racial identities (optional)        |                          |                                 |  |  |
|---|---|--------------------------|---------------------------------|--|--|
| Mark one ethnic identity:   | Mark one or more racial identities:     |                          |                                 |  |  |
| 💢 Hispanic or Latino  | 🗅 Asian                                 | American Indian or Alask | If the parent does not fill out |  |  |
| Not Hispanic or Latino  |   | Native Hawaiian or Other |                                 |  |  |
|   | 🕺 Black or African American             |                          | make a visual                   |  |  |
| Don't fill out this part. This  | determination. Be sure to               |                          |                                 |  |  |
|   | Weeks x 26, Twice A Month x             |                          |                                 |  |  |
| Total Income: Per: 🖵 Week, 🖵 Every 2 Weeks, 🖵 Twice A Month, 🖵 Month, 🖵 Y |   |                          |                                 |  |  |
| Categorical Eligibility:  | Eligibility: Free Reduced               | Denied (Paid) Date       | Withdrawn:                      |  |  |
| Reason for Denied:  | Leave this section blank.               |                          |                                 |  |  |
| Temporary: Fre e Reduce   |   | (expires                 | s after days)                   |  |  |
| Determining Official's Signature:   | (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) |                          | Date:                           |  |  |
| Confirming Official's Signature:  | ini this part out.                      |                          | Date:                           |  |  |
| Follow-up Official's Signature:   |   |                          | Date:                           |  |  |

The participant in the day care facility may qualify for free or reduced price meals if your household income falls within the limits on this chart.

| Household size          | Yearly   |  |  |
|-------------------------|----------|--|--|
| 1                       | \$21,590 |  |  |
| 2                       | \$29,101 |  |  |
| 3                       | \$36,612 |  |  |
| 4                       | \$44,123 |  |  |
| 5                       | \$51,634 |  |  |
| 6                       | \$59,145 |  |  |
| 7                       | \$66,656 |  |  |
| 8                       | \$74,167 |  |  |
| Each additional person: | +\$7,511 |  |  |

**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."