Child and Adult Care Food Program
FAMILY INCOME-ELIGIBILITY APPLICATION

Name
Address
Phone # Email

PART 1 – NAME OF CHILD CARE PROVIDER

PART 2 – CHILDREN'S INFORMATION—List all children in care

Child's Name	Birthdate	Is this a foster child?	Is this child enrolled in Head Start?	Is this child eligible for free or reduced-price meals at school?
		Yes _____ No _____	Yes _____ No _____	Yes _____ No _____
		Yes _____ No _____	Yes _____ No _____	Yes _____ No _____
		Yes _____ No _____	Yes _____ No _____	Yes _____ No _____
		Yes _____ No _____	Yes _____ No _____	Yes _____ No _____

INSTRUCTIONS

Please check the boxes that apply to help determine the other parts of this form to complete:

☐ A family member in our household receives benefits from Basic Food, TANF, or FDPIR. (Please complete Part 3 and 5.)

☐ One or more of the children in Part 2 is a foster child. (Please complete Part 5.) If any non-foster children, complete Part 3 or 4.

☐ My child(ren) qualify for Free/Reduced-Price meals based on household income. (Please complete Part 4 and 5.)

PART 3 – HOUSEHOLD MEMBER RECEIVING BASIC FOOD, TANF, OR FDPIR—Only one household member receiving benefits must be listed in order to establish eligibility for all children in the household.

Name	Circle One	Case Number or Identification Number
	Basic Food TANF FDPIR	

PART 4 – TOTAL HOUSEHOLD INCOME FROM LAST MONTH—Not required if you have reported a case number in Part 3

List Names (First and Last) of everyone in your household, including foster children	Gross Income from Last Month – Tell us how much and how often (or net income if self-employed) (if None, Write "0")			
	Earnings from Work Before Deductions	Alimony, Child Support	Retirement, Pensions, Social Security	Job Two or Any Other Income
Jane Smith (example)	$ _1000_ / _month_	$ _300_ / _month_	$ _____ / _____	$ _100_ / _week_
1.	$ _____ / _____	$ _____ / _____	$ _____ / _____	$ _____ / _____
2.	$ _____ / _____	$ _____ / _____	$ _____ / _____	$ _____ / _____
3.	$ _____ / _____	$ _____ / _____	$ _____ / _____	$ _____ / _____
4.	$ _____ / _____	$ _____ / _____	$ _____ / _____	$ _____ / _____
5.	$ _____ / _____	$ _____ / _____	$ _____ / _____	$ _____ / _____
6.	$ _____ / _____	$ _____ / _____	$ _____ / _____	$ _____ / _____

If Part 4 is completed, the adult signing the form must list the last four digits of their Social Security Number or the box must be checked that they do not have one (see Privacy Statement on the back of this page).

Adult's Social Security Number (last four digits) XXX-XX-_____   ☐ I do not have a Social Security Number.

PART 5 – SIGNATURE AND CERTIFICATION – REQUIRED

I certify all of the above information is true and correct and all income is reported. I understand this information is being given for the receipt of federal funds; that institution officials may verify the information on the application; and that the deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

Signature of Parent	Date Signed	
Print Name of Parent	Home Telephone	Work Telephone

_____ **Initial here if you consent to allowing your provider to collect your form and provide it to the sponsor. Your provider will not review your form.**

PART 6 – CHILDREN'S ETHNIC AND RACIAL IDENTITIES (You are not required to answer this)

Check the ethnic and racial category of your child. We need this information to be sure that everyone receives benefits on a fair basis.

Ethnicity:

☐ Hispanic or Latino

☐ Not Hispanic or Latino

No child will be discriminated against because of race, color, national origin, sex, age, or disability.

Race:

☐ White

☐ Black or African American

☐ Asian

☐ American Indian or Alaskan Native

☐ Native Hawaiian or Pacific Islander

☐ Multi-Racial

Privacy Act Statement: This explains how we will use the information you give us. 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 your child 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 last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (Basic Food), Temporary Assistance for Needy Families (TANF) Program, or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child 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 your child is eligible for free or reduced-price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

PART 7 – FOR SPONSOR USE ONLY

Household Size:_____   Income $_____   Annual ☐   Monthly ☐   Twice Per Month ☐   Every Two Weeks ☐   Weekly ☐

OR   Basic Food ☐   TANF ☐   FDPIR ☐   Foster Child ☐

Maximum Income per IEGs $_____   Head Start ☐   NSLP ☐

Not Eligible ☐   Reason for Denial: Income Too High ☐   Incomplete Application ☐

_____   _____   _____

Signature of Determining Official   Date Signed   Effective Date (within current month)

Not valid without signature and date.

FIEA Effective Date: If the institution is using the parent/guardian signature date as the effective date, the form must have been signed by the institution representative within the same month the parent signed the form or the immediate following month. If the institution representative does not evaluate and sign the FIEA within these guidelines, the institution representative's signature date must be used as the effective date.

This institution is an equal opportunity provider.