CACFP Meal Benefit Income Eligibility (Child Care)

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

APPLY ONLINE:

Insert URL Here

n of Household	Child's First Name		MI	Child's Last Name				Foster Child	Migrant	Runaway	Homeless	Head Sta
							T			Kullaway		
yone who is u and shares												
ises,							pply					
d."							all that apply		_			
ter en who							all tl					
ition of Jrant or							Check					
ligible for												
Do any hous	sehold members (including you) currently partic	ipate in one or r	nore of	the following assistance pi	rograms: SNAP, TA	ANF, or FDPIR?						
CTED 3 IEV	ES > Write case number here and proceed to STEP	/ (do not complet		3) CASE NUMBER:								
		4 (<u>uo not comptet</u>		<u>,</u>					Write o	only one case	number in	this space.
Report Inco	me for ALL Household Members (Skip this step	if vou answered	l 'Yes' to	STEP 2)								
		,				How often?						
	A. Child Income				Child Income	Weekly Bi-Weekly Monthly Bi-Mon	nthly					
re what	Sometimes children in the household earn or the TOTAL income received by all Household				\$	0000						
clude here? e and review	B. All Adult Household Members (Including yourse	elf)										
Had "Courses		/*****************************	· · · ·									20)
	List all Household Members not listed in STEP 1											
ts titled "Sources e" for more ion.	List all Household Members not listed in STEP 1 for each source in whole dollars (no cents) only.						fying (p	promising) th	nat there			
e" for more		f they do not recei	ve incom	e from any source, write 'O'. If y How often?	ou enter 'O' or leave a Welfare/Child	any fields blank, you are certin	fying (p	promising) th Pensions/Retir Social Security	nat there rement/ /SSI/	e is no inco Ho	me to rep	port.
e" for more ion.	for each source in whole dollars (no cents) only.	If they do not recei	ve incom	e from any source, write '0'. If y	you enter '0' or leave a Welfare/Child Support/Alimony	any fields blank, you are certi	fying (p	promising) th Pensions/Retir	nat there rement/ /SSI/	e is no inco	me to rep	port.
e" for more ion. Irces of Income ren" chart will	for each source in whole dollars (no cents) only.	f they do not recei	ve incom	e from any source, write 'O'. If y How often?	ou enter 'O' or leave a Welfare/Child	any fields blank, you are certin	fying (p	promising) th Pensions/Retir Social Security	nat there rement/ /SSI/	e is no inco Ho	me to rep	port.
e" for more ion. rces of Income	for each source in whole dollars (no cents) only.	If they do not recei	ve incom	e from any source, write 'O'. If y How often?	you enter '0' or leave a Welfare/Child Support/Alimony	any fields blank, you are certin	fying (p	promising) th Pensions/Retir Social Security	nat there rement/ /SSI/	e is no inco Ho	me to rep	port.
for more n. es of Income n" chart will th the Child	for each source in whole dollars (no cents) only.	Farnings fr	ve incom	e from any source, write '0'. If y How often? Weekly Bi-Weekly Monthly 2x Month OOOO OOO OOOOOOOOOOOOOOOOOOOOOOOOOOO	vou enter '0' or leave a Welfare/Child Support/Alimony \$	How often? Weekly Bi-Weekly Monthly 2x Month O O O O	fying (p	promising) th Pensions/Retir Social Security	nat there rement/ /SSI/	e is no inco	w often?	port.
r for more n. ees of Income on" chart will ith the Child ction. ees of Income	for each source in whole dollars (no cents) only.	Farnings fr	ve incom	e from any source, write '0'. If y How often? Weekly Bi-Weekly Monthly 2x Month O O O O O O O O O O O O O O O O O O O	vou enter '0' or leave a Welfare/Child Support/Alimony \$	How often? Weekly Bi-Weekly Monthly 2x Month O O O O O O O	fying (p	promising) th Pensions/Retir Social Security	nat there rement/ /SSI/	e is no incc Ha Weekly Bi-Wee O	me to rep	port.
r more of Income chart will the Child n.	for each source in whole dollars (no cents) only.	Farnings fr	ve incom	e from any source, write '0'. If y How often? Weekly Bi-Weekly Monthly 2x Month OOOO OOO OOOOOOOOOOOOOOOOOOOOOOOOOOO	vou enter '0' or leave a Welfare/Child Support/Alimony \$	How often? Weekly Bi-Weekly Monthly 2x Month O O O O	fying (p	promising) th Pensions/Retir Social Security	nat there rement/ /SSI/	e is no inco	w often?	port.
r more of Income chart will the Child n. of Income part will	for each source in whole dollars (no cents) only.	Farnings fr	ve incom	e from any source, write '0'. If y How often? Weekly Bi-Weekly Monthly 2x Month O O O O O O O O O O O O O O O O O O O	vou enter '0' or leave a Welfare/Child Support/Alimony \$	How often? Weekly Bi-Weekly Monthly 2x Month O O O O O O O	fying (p th \$ \$	promising) th Pensions/Retir Social Security	nat there rement/ /SSI/	e is no incc Ha Weekly Bi-Wee O	w often? w ofte	port.

State

Zip

Phone/Email

City

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) 	Unemployment benefits Workers compensation Supplemental Security Income (SSI)	 Social Security (including railroad retirement and black lung benefits) Private Pensions or disability benefits Income from trusts or estates Annuities Investment income Earned interest Rental income Regular cash payments from outside household 					
 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 	 Cash assistance from State or local government Alimony payments Child support payments Veterans benefits Strike benefits 						

OPTIONAL Children's Ethnic and Racial Identities (Optional)

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for receiving meals during care.

Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino									
Race (check one or more): American Indian or Alaskan Native Asian B	Black or Afri	can American 🗌 Native Hawaiian or Other Pacil	fic Islander	White					
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, the funds your child care center/provider receives may be impacted. 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 (SNAP), 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 the meal reimbursement for your child care center/provider. 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.	employees disability, a require alt Agency (St Federal Re To file a pr gov/compl	nce with Federal civil rights law and U.S. Department of s, and institutions participating in or administering USDA age, or reprisal or retaliation for prior civil rights activity ernative means of communication for program informal ate or local) where they applied for benefits. Individuals lay Service at (800) 877-8339. Additionally, program inf rogram complaint of discrimination, complete the USDA aint_filing_cust.html, and at any USDA office, or write a equest a copy of the complaint form, call (866) 632-9992 U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410	A programs a y in any prog tion (e.g. Bra s who are de formation ma A Program D letter addre 2. Submit you FAX: EMAIL:	are prohibited from discriminating based gram or activity conducted or funded by US aille, large print, audiotape, American Sign af, hard of hearing or have speech disabil ay be made available in languages other t discrimination Complaint Form, (AD-3027) assed to USDA and provide in the letter all	on race, color, national origin, sex, SDA. Persons with disabilities who Language, etc.), should contact the ities may contact USDA through the han English. found online at: http://www.ascr.usda.				

DO NOT FILL OUT For official use only

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

Total Income	How often?	Household size	Categorial Eligibility 📃	Eligibili Free Reduced		
Determining Official's Signature	Date	Confirming Official's Signature		Date	Follow-up Official's Signature	Date