

**Child and Adult Care Food Program
 FAMILY INCOME-ELIGIBILITY APPLICATION**

PART 1 – NAME OF CHILD CARE PROVIDER

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

| Child's Name | 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.)
- 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 (if None, Write "0") (or net income if self-employed) | | | |
|--|---|------------------------|---------------------------------------|-----------------------------|
| | Earnings from Work Before Deductions | Alimony, Child Support | Retirement, Pensions, Social Security | Job Two or Any Other Income |
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |

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 he does 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.**

