

Sample INCOME ELIGIBILITY APPLICATION
CHILD CARE CENTER/HEAD START NUTRITION PROGRAM

PART 1 - Child's Name: _____ **Age:** _____ **Birth date:** _____

Child's Normal Child Care Schedule (check all that apply): __Monday __Tuesday __Wednesday __Thursday __Friday __Saturday __Sunday
Child's Normal Hours of Care (include time and indicate AM or PM): _____AM/PM to _____AM/PM and _____AM/PM to _____AM/PM
Normal Meal Service(s) Child will be Served: __ Breakfast __A.M. Snack __ Lunch __P.M. Snack __Supper

PART 2A – PARTICIPANTS WHO ARE CATEGORICALLY ELIGIBLE AS FREE FOR CACFP BENEFITS: Households Receiving SNAP (formerly known as Food Stamps) or TFA BENEFITS; or FOSTER CHILD.

Complete this part and sign the application in Part 3; DO NOT complete Part 2B.

Supplemental Nutrition Assistance Program or **SNAP** (formerly known as Food Stamps) Case Number: _____

TFA (Temporary Family Assistance) Case Number: _____

Check here if **Foster Child:**

PART 2B - ALL OTHER HOUSEHOLDS: If you did not complete Part 2A, complete this Part and Part 3.

NAMES	CURRENT MONTHLY INCOME			
Names of All Household Members <i>(include the child listed above)</i>	Earnings from Work (Before Deductions) Job 1	Welfare, Child Support, Alimony	Payments from Pensions, Retirement, Social Security	Earnings from Job 2 or any Other Income
1. _____	\$ _____	\$ _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____	\$ _____	\$ _____
5. _____	\$ _____	\$ _____	\$ _____	\$ _____
6. _____	\$ _____	\$ _____	\$ _____	\$ _____

PART 3 - SIGNATURE: An adult household member must sign and date the application before it can be approved.

PENALTIES FOR MISREPRESENTATION: I certify that all of the above information is true and correct and that the SNAP or TFA number is current, correct or that all income is reported. I understand that 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 adult _____ **Social Security Number** XXX – XX - _____ last 4 digits only
Printed name of adult _____ **Date signed** _____

Home telephone _____ Work telephone _____ Home Address _____ Zip code _____

PART 4 – RACIAL AND ETHNIC IDENTITY: You are not required to answer this question.

Ethnicity: [] Hispanic or Latino [] Not Hispanic or Latino
 Race: [] White [] Black or African American [] Asian [] American Indian or Alaskan Native [] Native Hawaiian or Other Pacific Islander

Privacy Act Statement. *This explains how the information you provide will be used.* Section 9 of the National School Lunch Act requires that unless the participant's Supplemental Nutrition Assistance Program (SNAP) or TFA number is provided, you must include the last four digits of the social security number of the household member signing the application or an indication that the household member signing the application does not possess a social security number. Provision of a social security number is not mandatory, but if the last four digits of the social security number are not provided or an indication is not made that the adult household member signing the application does not have one, the application cannot be approved. The last four digits of the social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a SNAP or TFA office to determine current certification for receipt of SNAP or TFA benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported. The last four digits of the social security number may also be disclosed to programs as authorized under the National School Lunch Act and the Child Nutrition Act, the Comptroller General of the United States, and law enforcement officials for the purpose of investigating violations of certain Federal, State and local education, health and nutrition programs. Your eligibility information may be shared 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. Your information may also be shared with Medicaid or the State children's health insurance program (HUSKY), unless you tell us not to, in writing, within 30 days of signing this application. The information, if disclosed, will be used to identify eligible children and seek to enroll them in Medicaid or HUSKY.

For Sponsor Use Only

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

Total family income \$ _____ Family size _____ **OR** SNAP/TFA household Foster Child

Eligible Free: Eligible Reduced: Over Income:

Temporary Eligibility: Free: Reduced: Time Period: _____

Sponsor Eligibility Official _____ Date _____

INCOME ELIGIBILITY APPLICATION INSTRUCTIONS

Please complete the Income Eligibility Application using the instructions below. Sign the application and return it to the program. If you have any questions or need help filling out the application, contact _____ at _____.

PART 1 - CHILD INFORMATION: COMPLETE THIS PART. Print the name of the child enrolled in the program. Include age and birth date. Check the days of the week the child will normally attend the program. Insert the normal time(s) of day the child will be in attendance at the center. Check the meals the child will normally be served while attending the program. Please fill out one application for each enrolled child.

PART 2A - PARTICIPANTS WHO ARE CATEGORICALLY ELIGIBLE AS FREE FOR CACFP BENEFITS: Households Receiving SNAP (formerly known as Food Stamps) or Temporary Family Assistance (TFA); or Foster Child. COMPLETE THIS PART AND SIGN THE APPLICATION IN PART 3; DO NOT COMPLETE PART 2B.

1. List the current SNAP (formerly, Food Stamps) case number or the TFA case number for the child; OR
2. Check if the child is a Foster Child who has been placed by a State or local agency.
3. An adult household member must sign the application in PART 3. A social security number is not required.

PART 2B - ALL OTHER HOUSEHOLDS: COMPLETE THIS PART AND PART 3.

1. Write the names of everyone in your household even if they do not have income.
2. Write the amount of income (the amount before taxes or anything else is taken out) received **last** month for each household member and where it came from, such as earnings, welfare, pensions, and other income (refer to examples below for types of income to report). If any amount last month was more or less than usual, write that person's usual income.
3. An adult household member must sign this income eligibility application and give his/her social security number in PART 3.

PART 3 - SIGNATURE AND SOCIAL SECURITY NUMBER: ALL HOUSEHOLDS COMPLETE THIS PART.

1. All income eligibility applications must have the signature of an adult household member;
2. The adult household member who signs the application must include **the last four digits only** of his/her social security number. If he/she does not have a social security number, write "none". If a SNAP or TFA number is listed, or if the child is a foster child, the last four digits of the social security number are not needed.

PART 4 - RACIAL/ETHNIC IDENTITY: COMPLETE THE RACIAL/ETHNIC IDENTITY QUESTION IF YOU WISH.

You are not required to answer this question. However, this information will help ensure that everyone is treated fairly.

INCOME TO REPORT

Earnings from Employment

Wages/salaries/tips
Strike benefits
Unemployment compensation
Worker's compensation
Net income from self-owned business or farm

Pensions/Retirement/Social Security

Pensions
Supplemental security income
Retirement income
Veteran's payments
Social Security

Other Income

Disability benefits
Cash withdrawn from savings
Interest/dividends
Income from estates/trusts/investments
Regular contributions from persons not living in the household
Net royalties/annuities/
net rental income
Any other income

Foster Child's Income*

Only funds from welfare agency identified by category for personal use of child (clothing, school fees, etc., funds from child's family for personal use and earnings from other than occasional or part-time employment.) Do not count funds from welfare agency for shelter, care, etc.

Welfare/Child Support/Alimony

Public assistance payments
Welfare payments
Alimony/child support payments

Military Households

All cash income, including military housing/uniform allowances. Does not include "in-kind" benefits not paid in cash (base housing, clothing, food, medical care, etc.).

*May be included in the total household income for a non-foster child.

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