

INCOME ELIGIBILITY STATEMENT

Child and Adult Care Food Program

PART 1

Child's Name: _____
Last
First
M.I.

PART 2A – HOUSEHOLDS NOW GETTING FOOD STAMPS, TANF, OR FDPIR BENEFITS: Complete this part and sign the statement in Part 3 – DO NOT complete Part 2B.

Food stamp case number: _____ TANF identification number: _____
 FDPIR identification number: _____

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

| NAMES | CURRENT INCOME/FREQUENCY | | | |
|----------|--------------------------------|--|---------------------------------|--|
| | Names of All Household Members | Earnings from Work (Before Deductions) Job 1 | Welfare, Child Support, Alimony | Payments from Pensions Retirement, Social Security |
| 1. _____ | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ |
| 2. _____ | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ |
| 3. _____ | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ |
| 4. _____ | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ |
| 5. _____ | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ |
| 6. _____ | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ |
| 7. _____ | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ |
| 8. _____ | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ |

PART 2C – FOSTER CHILD: Complete this part and Part 3. If this is a foster child, check here [] and write the child's income and how often it is received here: \$ _____ / _____.

PART 3 – SIGNATURE: An adult household member must sign the statement before it can be approved.

PENALTIES FOR MISREPRESENTATION: I certify that all of the above information is true and correct and that the food stamp, TANF, or FDPIR number is 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 statement; 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: _____ - _____ - _____

Printed name of adult: _____

_____ *Date signed* _____ *Home telephone* _____ *Work telephone* _____ *Home address* _____ *Zip code*

PART 4 – RACIAL/ETHNIC IDENTITY: You are not required to provide this information.

WHITE, not of Hispanic Origin BLACK, not of Hispanic Origin HISPANIC ASIAN/PACIFIC ISLANDER AMERICAN INDIAN/ALASKA NATIVE

Section 9 of the National School Lunch Act requires that, unless the participant's food stamp, TANF, or FDPIR number is provided, you must include the social security number of the household member signing the statement or an indication that the household member signing the statement does not possess a social security number. Provision of a social security number is not mandatory, but if a social security number is not provided or an indication is not made that the adult household member signing the statement does not have one, the statement cannot be approved. 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 statement. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a food stamp, TANF, or FDPIR office to determine current certification for receipt of food stamps, TANF, or FDPIR 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 of reduction of benefits, administrative claims, or legal actions if incorrect information is reported.

For Sponsor Use Only: Food stamp/TANF/FDPIR household categorically eligible for program benefits: Yes No

MONTHLY INCOME CONVERSION: WEEKLY X 4.33, EVERY 2 WEEKS X 2.15, TWICE A MONTH X 2

Total family income: _____ Family Size: _____

Eligibility classification: Free _____ Reduced _____ Paid _____

Determining official: _____ Signature: _____ Date: _____

INCOME ELIGIBILITY STATEMENT INSTRUCTIONS

Please complete the Child and Adult Care Food Program Income Eligibility Statement using the instructions below. Sign the statement and return it to the sponsor.

PART 1 – PARTICIPANT’S INFORMATION: COMPLETE THIS PART.

- (1) Print the name or names of your own child(ren) enrolled in the center.

PART 2A – HOUSEHOLDS GETTING FOOD STAMPS OR TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF), OR FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPIR) BENEFITS: COMPLETE THIS PART AND PART 3.

- (1) List your current food stamp case number or TANF or FDPIR number. Do not complete Part 2B.
- (2) An adult household member must sign the statement in PART 3.

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

- (1) Write the names of everyone in your household.
- (2) Write the amount of income (the amount before taxes or anything else is taken out), the frequency of income (i.e., weekly, every two weeks, twice a month, or monthly) 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 the income eligibility statement and give his/her social security number in PART 3.

PART 2C – FOSTER CHILD: COMPLETE THIS PART AND PART 3 FOR EACH FOSTER CHILD LIVING IN YOUR HOME AND ENROLLED IN THE HOME.

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

- (1) All income eligibility statements must have the signature of an adult household member.
- (2) The adult household member who signs the statement must include his/her social security number. If he/she does not have a social security number, write “none” or something else to show that he/she does not have a social security number. If you listed a food stamp, TANF, FDPIR or other categorically eligible program number, a social security number is not needed.

PART 4 – RACIAL/ETHNIC IDENTITY: PROVIDE THE RACIAL/ETHNIC IDENTITY IF YOU WISH. You are not required to provide this information to get meal benefits. 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

Welfare/Child Support/Alimony

Public assistance payments
Welfare payments
Alimony/child support payments

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.

Pensions/Retirement/Social Security

Pensions
Supplemental Security Income
Retirement income
Veteran’s payments
Social security

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.).

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