CACFP Meal Benefit Income Eligibility (Child Care)

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

2023-2024

STEP 1 List ALL chi	ldren in day care (if more spaces are required for a	lucitional nam			ci silecto	i paper,											
Definition of Household	Child's First Name		МІ	Child's L	ast Name							. -	Foster Child	Migrant	Runaway	Homeless	Head
ember: "Anyone who is ring with you and shares																	
ome and expenses, in if not related."												pply					
dren in Foster												all that apply					Г
e and children who et the definition of												ck all					
neless, Migrant or naway are eligible for												Check					
meals.																	Γ
												· _					
EP 2 Do any hous	ehold members (including you) currently participa	te in one or m	nore of	the follow	ing assist	ance prog	grams: S	NAP, TA	ANF, or FD	PIR?							
> Go to STEP 3 IF Y	ES > Write case number here and proceed to STEP 4 (c	lo not complete	e STEP 3	<u>3</u>) C	SE NUMBE	R:											
														Write	only one cas	e number i	າ this ອ
EP 3 Report Inco	me for ALL Household Members (Skip this step if y	ou answered	'Yes' to	STEP 2)													
	A. Child Income						Child Inco	ome	Weekly E	How ofte Bi-Weekly Mo		thly					
you unsure what	Sometimes children in the household earn or re- the TOTAL income received by all Household Mer						\$		0	0 0) 0)					
me to include here? the page and review	B. All Adult Household Members (Including yourself)																
charts titled "Sources come" for more	List all Household Members not listed in STEP 1 (inc for each source in whole dollars (no cents) only. If th																
ormation.		-,		-		,				-		F	ensions/Re	tirement/			
	Name of Adult Household Members (First and last)	Earnings fr	om Work		low often? eekly Monthly	2x Month	Welfare/Ch Support/Al			How often Weekly Mon	~		Social Secur /A Benefits		H Weekly Bi-We	ow often? eekly Month	y 2x M
"Sources of Income Children" chart will		\$		0 0) $($	0	\$		0	0 C	$)$ \bigcirc	\$			0 0	$)$ \bigcirc	C
you with the Child me section.		\$		0 0		0	\$		0	0 C		\$			0 0		C
		s		00) ()	0	\$			0 0		\$			0 0		
"Sources of Income Adults" chart will		s					\$					s					
p you with All Adult usehold Members						-											
ion.		\$		00) ()	0	\$		0	0 0	0	\$			0 0		
	Total Household Members (Children and Adults)				y Number (S dult Househo		x x	x	x x			(Check if no	SSN	1		
			waye can	lei ol otilei A	uull Housend	tu Merriber											
TEP 4 Contact info	ormation and adult signature. MAIL COMPLETED FO	RM TO YOUR S	CHOOL	AT:													
ertify (promise) that all	l information on this application is true and that all	income is rep	orted. I	understa	nd that thi	s informa	ation is ai	iven in	connectio	n with th	e recei	ot of Fe	ederal fu	nds. an	d that CA	CFP offi	cials
	ormation. I am aware that if I purposely give false ir																
verify (encent) the inte																	
- 	he Form	Signatur	e of Adu	lt							Today'	s Date					
nt Name of Adult Signing t	he Form	Signatur	e of Adu	lt							Today'	s Date					

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 								
 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 	 Income from trusts or estates Annuities Investment income Earned interest Rental income Regular cash payments from outside household 								

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