

2023-2024 CACFP Meal Benefit Income Eligibility/Enrollment Form: (Child Care Centers, Outside School-Hours Care Centers and Day Care Homes)

Complete one application per household. **Please use a pen (no pencil)**

Provider/CenterName: _____

Step 1 List ALL children in a day care (if more space is required for additional names, attach another sheet of paper)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."
Children in Foster care and children who meet the definition of Homeless, Migrant, or Runaway are eligible for free meals.

Child's First Name	MI	Child's Last Name	Birthdate	Normal Meals Received			Normal Days in Care							Normal Hours in Care	Foster Child	Homeless Migrant Runaway	Head Start	
				B	SN	L	SN	S	SN	S	M	T	W					Th

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TAFI, or FDPIR?

If NO > Go to STEP 3. If YES > Write a case number here then go to STEP 4 (Do not complete STEP 3) Case Number: _____
Write only one case number in this space. Quest Card # Not Allowed

STEP 3 Report Current GROSS (before Deductions) Income for ALL Household Members (Skip this step if you answered "Yes" to STEP 2)

Are you unsure what income to include here?
Flip the page and review the following:

The Sources of Income for Children chart will help you with the Child Income section.

The Sources of Income for Adults chart will help you with the All Adult Household Members section.

A. Child Income Child income How often?
Sometimes children in the household receive and/or earn income. Please include the TOTAL income received by all Household Members listed in STEP 1 here. Weekly Bi-Weekly 2x Month Monthly

\$

B. All Household Members not included in step 1 (please include yourself)
List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total income for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0', you are certifying (promising) that there is no income to report.

Name of Household Members (First and Last)	Earnings from Work	How often?				Public Assistance/ Child Support/Alimony	How often?				Pensions/Retirement/ All Other Income	How often?			
		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly
<input type="text"/>	\$					\$					\$				
<input type="text"/>	\$					\$					\$				
<input type="text"/>	\$					\$					\$				
<input type="text"/>	\$					\$					\$				

Total Household Members (Children and Adults) Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member Check if no SSN

STEP 4 Contact Information and adult signature. Submit completed form to your Provider/Center

"I certify (promise) that all information on this form is true and that all income is reported. I understand that the center or day care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted under applicable State and Federal laws."

Street Address (if available) Apt # City State Zip Daytime Phone and Email (optional)

Printed name of adult completing the form Signature of adult completing the form Today's date

Do Not Fill Out: Official Use Only Below This Line

Household Determination: Convert to Annual if Multiple Frequencies: Weekly x52, Every 2 Weeks x26, Twice Monthly x24, Monthly x12
 foster child, SNAP, TAFI, FDPR, Homeless, Migrant, Runaway, Headstart OR Income: Total Income \$ _____ Per: Week Every 2 Weeks Twice a Month Month # in Household _____

Eligibility: Free Meals Reduced Denied (Paid) Tier I (SODCH) Tier II (SODCH) Enrollment Form only Withdrawn Date: _____

Signature of Determining Official: _____ **Date Determined:** _____
Signature of Confirming Official: _____ **Date Confirmed:** _____

OPTIONAL

Children's Racial and Ethnic Identities

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.

Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino

Race (check one or more): American Indian or Alaskan Native Black or African American Asian Native Hawaiian or Other Pacific Islander White

Dear Parent or Guardian:

Our facility offers healthy meals to all enrolled children as part of the Child and Adult Care Food Program (CACFP). The CACFP provides support to serve healthy meals and snacks. Please help us find out if your household qualifies for free or reduced priced meals and complete the Meal Benefit Income Eligibility and Enrollment Form. Please fill out the form completely, sign, and return this form today or as soon as possible. **This information will be kept strictly confidential.**

You have the option of returning it directly to your Provider or to the Provider's Sponsor. If you would like to provide your form directly to the sponsor, return the completed form to:

Sponsor Name: _____ Sponsor Address: _____ Sponsor Phone Number: _____

_____ Initial here if you consent to allowing your provider to collect your form and submit it to the Sponsor. Your provider will not review your form.

When completing your form, be sure to read the instructions below carefully and fill out all required information.

Step 1 List ALL household members who are infants and children enrolled for care (if more spaces are required for additional names, attach another sheet of paper). Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals. Any foster child in the household is eligible for free meals regardless of the household income. Check the box if any children are foster children. Households with foster children are not required to include payments received for the foster care as income. Mark if any children are Migrant, Runaway, Homeless, or enrolled in Head Start.

Step 2 If applicable, list a current SNAP (food stamp), FDIPIR, or TAFI case number for any member of the household (an EBT or Quest card number is not allowed). Skip step 3 and go to step 4.

Step 3 **A)** Report all current income received by all children. Refer to Source of Income for Children (see chart below)

B) Please include ALL members in your household who are living with you and share income and expenses, even if not related and even if they do not receive income of their own. DO NOT include infants and children already listed in Step 1. If your household income is less than or equal to the income Eligibility Guideline levels below, the facility receives more reimbursement for the nutritious meals served to your children without an additional charge to you.

Income: Report all amounts in **gross income** (before taxes and premiums) only. Report all income in whole dollars. Do not include cents. Mark how often each type of income is received using the check boxes to the right of each field. If you are **self-employed**, report income from that work as a **net** amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue. If you are **Military**, see "Sources of Income for Adults" below.

Report total household size: Enter the total number of household members in the field "Total Household Members (Children and Adults)". This number MUST be equal to the number of household members listed in Step 1 and Step 3.

Provide the last four digits of your social security number. The household's primary wage earner or another adult household member must enter the last four digits of their social security number in the space provided. If no adult household members have a social security number, leave this space blank and mark the box to the right labeled "Check if no SSN".

Step 4 **All forms must be signed and dated by an adult member of the household.** By signing the form that household member is promising that all information has been truthfully and completely reported.

Income Eligibility Guidelines
Effective Dates July 1, 2023- June 30, 2024

FEDERAL INCOME CHART			
Household size	Yearly	Monthly	Weekly
1	26,973	2,248	519
2	36,482	3,041	702
3	45,991	3,833	885
4	55,500	4,625	1,068
5	65,009	5,418	1,251
6	74,518	6,210	1,434
7	87,027	7,003	1,616
8	93,536	7,795	1,799
Each additional person:	9,509	793	183

Sources of Income for Children	
Sources of Child Income	Example
Earnings from work	A child with regular full or part-time job and earn salary or wages
Social Security ➤ Disability Payments ➤ Survivor's 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 the household	A friend or extended family member regularly gives a child spending money
Income from any other source	A child receives regular income from a private pension fund, annuity, or trust

Sources of Income for Adults		
Earnings from Work	Public Assistance / Alimony / Child Support	Pensions/Retirement / All Other Income
Salary, wages, cash bonuses Net income from self-employment (farm or business) If you are in the U.S. Military: ➤ Basic pay and cash bonuses (do NOT include combat pay, DEIP, FSSA or privatized housing allowances) ➤ Allowances for off-base housing, food and clothing	Unemployment benefits Worker's compensation Supplemental Security Income (SSI) Cash assistance from State or local government Alimony payments Child support payments Veteran's benefits Strike benefits	Social Security (including railroad retirement & 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

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, we cannot approve the participant for free or reduced price meals. 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 the participant 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 if the participant is eligible for free or reduced price meals, and for administration and enforcement of the program. 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.

This institution is an equal opportunity provider.