

**INCOME ELIGIBILITY APPLICATION**  
Child and Adult Care Food Program – Family Day Care

**PART 1**

Provider's Name \_\_\_\_\_  
LAST FIRST

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  
LAST FIRST

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  
LAST FIRST

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  
LAST FIRST

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  
LAST FIRST

**PART 2A - HOUSEHOLDS NOW GETTING FOOD STAMPS OR VA TANF FOR THEIR CHILDREN** - Complete this Part and sign the statement in Part 4. Do not complete Part 2C.

Food Stamp Case Number \_\_\_\_\_ VA TANF Case Number \_\_\_\_\_

**PART 2B - FOR TIER II HOMES ONLY - HOUSEHOLDS NOW PARTICIPATING IN STATE OR FEDERAL PROGRAMS WHICH MEET CACFP INCOME CRITERIA.** Complete this Part and sign the statement in Part 4. If this applies to you, you do not have to complete Part 2C.

Indicate Program Name \_\_\_\_\_ Case Number \_\_\_\_\_

Add additional programs if applicable:

Program Name \_\_\_\_\_ Case Number \_\_\_\_\_

Program Name \_\_\_\_\_ Case Number \_\_\_\_\_

**PART 2C - OTHER HOUSEHOLDS** - If you did not complete Parts 2A or 2B, above, complete this Part, including the appropriate social security number, below, and sign the application in Part 4.

NAMES		CURRENT INCOME/FREQUENCY		
List of Names of Everyone in Your Household	Earnings from Work (Before Deductions) Job 1	Welfare, Child Support, Alimony	Payments from Pensions, Retirement, Social Security	Job 2 or Any Other Income
1. _____	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
2. _____	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
3. _____	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
4. _____	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
5. _____	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
6. _____	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
7. _____	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
8. _____	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____

Name and social security number of primary wage earner or household member who signs this form:

Name: \_\_\_\_\_ Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_

I do not have a Social Security Number

**PART 3 - FOSTER CHILD:** Complete this Part and sign the application in Part 4.

If this is a foster child, check here ( ). Write the child's income and how often it is received here: \_\_\_\_\_

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**PART 4 - 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 number or TANF 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 the deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

**Signature of Adult:** \_\_\_\_\_ **Date Signed** \_\_\_\_\_

**Printed Name of Adult:** \_\_\_\_\_

**Telephone Number** \_\_\_\_\_  
Home Work

**Address** \_\_\_\_\_

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**PART 5 - RACE/ETHNIC IDENTITY:** You are not required to answer these questions. If you choose to do so:

**Please mark one of the following ethnic identities:**

Hispanic or Latino  Not Hispanic or Latino

**Please mark one or more of the following racial identities:**

American Indian or Alaska Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander

White

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Section 9 of the National School Act requires that, unless your food stamp or your child's TANF case number is provided, you must include a social security number on the application. This may be either the social security number of the parent or guardian who is the primary wage earner or the social security number of the adult household member signing the statement, or an indication that neither household member possesses 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 neither the primary wage earner nor the adult household member signing the application has one, the statement cannot be approved. This notice must be brought to the attention of the household member whose social security number is disclosed. 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 or welfare office to determine current certification for receipt of food stamps or TANF 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.

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**PART 6 - FOR INSTITUTION USE ONLY:**

Tier I: (a) Eligible by School Data \_\_\_\_\_ YES \_\_\_\_\_ NO Tier II: Provider's Name \_\_\_\_\_

(b) Eligible by Census Data \_\_\_\_\_ YES \_\_\_\_\_ NO

(c) Eligible by Income Data \_\_\_\_\_ YES \_\_\_\_\_ NO

Child's Name \_\_\_\_\_

Categorically Eligible:

Food Stamp Household \_\_\_\_\_

VA TANF \_\_\_\_\_

Categorically Eligible: Program \_\_\_\_\_

Income Eligible: \_\_\_\_\_ YES \_\_\_\_\_ NO

If Eligible by Income Data (Tier I (c) above is "Yes"):

Has income verification been completed: \_\_\_\_\_ YES \_\_\_\_\_ NO

(Attach verification documentation)

Determining Official: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_