

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 (Last Four #'s Only) - ____ _

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: _____

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 _____

PART 5 - RACE/ETHNIC IDENTITY: You are not required to answer this question.

() WHITE, Not of Hispanic Origin () BLACK, not of Hispanic Origin () HISPANIC
() ASIAN or PACIFIC ISLANDER () AMERICAN INDIAN or ALASKA NATIVE

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.

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:** _____

This institution is an equal opportunity provider.