

Child and Adult Care Food Program (CACFP) Income Eligibility Form (IEF) 2011 - 2012

Part 1 - Children Enrolled in Child Care: List the names and ages of children enrolled. Indicate each child's race and ethnicity. If this information is left blank, a center representative will complete it according to visual identification. This information is strictly for statistical reporting requirements and does not affect eligibility. **Note:** A =Asian; AI/AN=American Indian or Alaskan Native; B/AA=Black or African American; H/PI=Native Hawaiian or other Pacific Islander; W=White.

Last Name	First Name	Age	Ethnicity (select one) and Race (select one or more)
			Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino Race: <input type="checkbox"/> A <input type="checkbox"/> AI/AN <input type="checkbox"/> B/AA <input type="checkbox"/> H/PI <input type="checkbox"/> W
			Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino Race: <input type="checkbox"/> A <input type="checkbox"/> AI/AN <input type="checkbox"/> B/AA <input type="checkbox"/> H/PI <input type="checkbox"/> W
			Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino Race: <input type="checkbox"/> A <input type="checkbox"/> AI/AN <input type="checkbox"/> B/AA <input type="checkbox"/> H/PI <input type="checkbox"/> W

One or more of the children listed above is a foster child who is the responsibility of the State or was placed by the court.

Part 2 - Assistance Programs: Does anyone in your household receive benefits from any program listed below? If not, **GO TO PART 3**. If yes, please mark which assistance program (only one is required), write the case number, and **SKIP TO PART 5**.

- Supplemental Nutrition Assistance Program (SNAP), previously known as Food Stamps Case Number: _____
 Temporary Assistance for Needy Families (TANF) Case Number: _____
 Food Distribution Program on Indian Reservations (FDPIR) Case Number: _____
(Quest Card or Social Security Numbers are not acceptable)

Part 3 - Incomes to Report: List the names of all household members not listed in Part 1. Write the amount of last month's income for each household member who has income. Indicate if income is weekly (W), monthly (M), or annually (A).

Gross Income/Salary/Wages
<ul style="list-style-type: none"> Gross income or cash income before deductions. Monetary compensation for services, including wages, salary, commissions, fees, or withdrawals from savings, investments, trust accounts, and other accounts. Net income from farm self-employment and/or non-farm self-employment. If income is negative list "0". If income is 0, list "0" and complete a new form within 45 days and every 45 days thereafter until income is listed.
Other Income
<ul style="list-style-type: none"> Social Security, public assistance (or Welfare) payments, alimony, child support payments, and unemployment compensation. Private pensions or annuities, dividends or interest, income from estates or trusts, net rental income, and net royalties. Student financial assistance (grants or scholarships) <u>not</u> used to meet education expenses. Regular contributions from persons not living in the household.

Last Name	First Name	Gross Income/ Salary/Wages	Other Income	TOTALS Center Use Only
		\$ W M A	\$ W M A	\$ W M A
		\$ W M A	\$ W M A	\$ W M A
		\$ W M A	\$ W M A	\$ W M A
		\$ W M A	\$ W M A	\$ W M A
Total Number in Household _____ <small>Note: If necessary, convert multiple income schedules to annual income. Multiply weekly income by 52, bi-weekly by 26, monthly by 12.</small>				Total Income: \$ W M A

Part 4 - Social Security Number: If the adult household member completing this form does not provide a TANF, SNAP, or FDPIR number in Part 2, the person completing this form must provide the last four digits of his/her Social Security Number (SSN).

X	X	X	-	X	X				
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If the Adult Household Member signing this form does not have a Social Security Number, check this box.

Part 5 - Signature: I certify that all of the information on this form is true and correct and is given in connection with the receipt of Federal Funds. Center officials may verify information. Deliberate misrepresentation may subject me to prosecution under applicable State and Federal criminal statutes. Note: If the child is a foster child, an official of a court or other agency with responsibility for the child may sign this form.

Signature of Adult Household Member	Date	Street Address
Printed Name		City State Zip Code
		Home Telephone Work Telephone

FOR CENTER STAFF USE ONLY			
Income Category (check one): <input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Paid (Ineligible for Free or Reduced Priced meals)			
This form expires 12 months after the month in which it is received and approved by the institution. <small>Example: If the determination date is July 2011, the form is valid from July 1, 2011 through July 31, 2012.</small>			
Signature of Center's Eligibility Official _____	Determination Date: <table border="1" style="display: inline-table; width: 100px; height: 20px;"> <tr> <td style="width: 50%; text-align: center;">Month</td> <td style="width: 50%; text-align: center;">Year</td> </tr> </table>	Month	Year
Month	Year		