



**Child and Adult Care Food Program  
Income Eligibility Form (IEF) 2017- 2018**

**Part 1 - List name and age of each child enrolled.** Indicate each child's race and ethnicity. If this information is left blank, the institution representative may complete it based on visual identification. This information is 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.

First Name	Last 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

Participation in some programs allows automatic eligibility for free meals in the CACFP with required documentation. If applicable, please check one of these boxes if one or more children listed above is:

- A foster child who is the responsibility of the State or was placed by the court.  An Early Head Start (EHS), or Head Start child or pregnant mother (enrolled in EHS) or an Even Start enrolled child.  A homeless, migrant, or runaway child.

Refer to the back of this page for required eligibility documentation.

**Please note:** If you marked one of the boxes listed above and it applies to ALL children listed above, **SKIP TO PART 5 - Signature.**

**Part 2 - Assistance Programs:** Does anyone in your household receive benefits from any of the programs listed below? If no, go to Part 3. If yes, please mark which assistance program (only one is required), write the case number, and **SKIP TO PART 5 - Signature.**

- Supplemental Nutrition Assistance Program (SNAP)  
 Temporary Assistance for Needy Families (TANF)  
 Food Distribution Program on Indian Reservations (FDPIR)

**CASE NUMBER** \_\_\_\_\_

(Quest Card or Social Security numbers are not acceptable)

**Part 3 - Income to report:** List the names of all household members who are not listed in Part 1, regardless of age. Write the amount of income received by each household member for the current month, projected income for the first month of this application, or the month prior to this application. Indicate if income is weekly (W), monthly (M), or annually (A). If you enter '0' or leave any fields blank, you are stating there is no income to report. Refer to the back of this page for definitions of income.

First and Last 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
	\$	W	M	A	\$	W	M	A	\$	W	M	A
<b>Total number in Household</b>	<b>Note:</b> If necessary, convert multiple income schedules to annual income. Multiply weekly income by 52, bi-weekly by 26, monthly by 12.						<b>Total Income:</b>	\$	W	M	A	

**Part 4 - Social Security Number (SSN):** 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 -

Check if no SSN

**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. Information may be verified. 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

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Date

\_\_\_\_\_  
Home Telephone

\_\_\_\_\_  
Work Phone

**Gross Income/Salary/Wages includes, but is not limited to:**

- Gross earned income or cash income before deductions.
- Monetary compensation for services, including wages, salary, tips, strike benefits, commissions, fees, withdrawals from savings, investments, trust accounts, and other accounts.
- Net income from self-owned businesses and farms.
- Social Security, public assistance or Welfare payments (e.g. TANF, General Assistance/General Relief), alimony, child support payments, and unemployment and worker's compensation.
- Private pensions or annuities, retirement benefits, disability benefits, veteran's benefits, dividends or interest, income from estates, trusts or investments, net rental income, cash withdrawals from savings, and net royalties.
- Student financial assistance (grants or scholarships) not used to meet education expenses.
- Regular contributions from persons not living in the household or any other money that may be available to pay for child (ren)'s meals.
- Child's income: The current earnings of a child or student grade 12 or below, regardless of age, who is a full-time or regular part-time employee, or who receives income from other sources, such as SSI or social security. Infrequent earnings, such as income from occasional baby-sitting or mowing lawns, are not counted as income and should not be listed on the application.

**The following documentation is required for automatic eligibility:**

- Documentation from the placement agency verifying the child is a foster child.
- One of the following documents from the Head Start program: 1) An approved Head Start or Even Start application; 2) A statement of Head Start or Even Start enrollment; 3) A list of participants from the Even Start or Head Start official; 4) Documentation from the Even Start official that confirms the child has not entered Kindergarten.
- Documentation verifying the status of a homeless, migrant or runaway child from the director of the homeless shelter, Migrant Education Program Coordinator or an official of the Runaway and Homeless Youth program.

**FOR CENTER STAFF USE ONLY**

**Income Category (check one):**  Free  Reduced  Paid (Ineligible for Free or Reduced Priced meals)

This form expires 12 months after the month in which the institution makes the determination. Example: If the determination is **July 2017**, the form is **valid from July 1, 2017 through July 31, 2018**. The institution may use the date the parent/guardian signs the Income Eligibility Form, **OR** the date the institution's official makes the determination and signs the Income Eligibility Form. **The same approval method selected must be used for all forms approved by the institution.**

\_\_\_\_\_  
Signature of Center's Eligibility Official

Determination Date: 

Month	Year

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov). This institution is an equal opportunity provider.

