

**CACFP ELIGIBILITY APPLICATION - FAMILY DAY CARE HOMES
PROVIDER'S INCOME and PROVIDER'S OWN CHILDREN**

PART 1A: Provider's Name:

PART 1B: Complete this part if you are claiming your own children.

Child's Name: Last _____ First _____ M.I. _____ Date of Birth _____

Child's Name: Last _____ First _____ M.I. _____ Date of Birth _____

PART 2A - HOUSEHOLD NOW GETTING SNAP, TANF, or FDPIR, BENEFITS: Complete this part and sign the statement in PART 3 - DO NOT complete PART 2B. If a child or a child's parent is participating in or subsidized under a Federally or State supported child care or other benefit program with an income eligibility limit that does not exceed the eligibility standard for free or reduced price meals, meals served to the child are automatically eligible for tier I reimbursement, subject to the completion of the application.

SNAP case #: _____ TANF identification #: _____

FDPIR identification #: _____
(Food Distribution Program on Indian Reservations)

PART 2B - ALL OTHER HOUSEHOLD MEMBERS: If you did not complete PART 2A, complete this PART and PART 3.

| NAMES | | CURRENT INCOME/FREQUENCY - (Last Month) | | |
|--------------------------------|--|---|---|---|
| Names of All Household Members | Earnings from Work (Before Deductions) Job 1 | Welfare, Child Support, Alimony | Payments from Pensions, Retirement, Social Security | Earnings from Job 2 or any Other Income |
| | | | | |
| | | | | |
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PART 2C - Complete this PART and PART 3. If this is a foster child check here (). Foster children are eligible for free and reduced-price meals regardless of household income. Households with foster and non-foster children may choose to include the foster child as a household member, as well as any personal income earned by the foster child, on the same household application that includes their non-foster children

Is this a homeless child or a child evacuated from Japan or Bahrain? Yes No. Certification from the agency that assisted with the evacuation or is providing shelter is required.

PART 3 - SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER:

I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of federal funds; that Program officials may verify the information on the application and that deliberate misrepresentation of the information on the application may subject me to prosecution under applicable state and federal criminal laws.

Signature of DCH Provider: _____ Last Four Digits of Social Security #: _____ Check if no SSN
(Required) (Required (last 4 digits) for households qualifying by income)

Printed name of DCH Provider: _____ Date Signed: _____

Home Address _____ Zip Code _____ Home Telephone _____ Work Telephone _____

PART 4 - ETHNIC IDENTITY: (Please check one)

Hispanic or Latino Not Hispanic or Latino

RACE OF PARTICIPANT: (Please check one or more)

White Black or African American American Indian or Alaskan Native
 Asian Native Hawaiian or Other Pacific Islander

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 your child 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 for your child or other FDPIR identifier 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 your child is eligible for free or reduced price meals and for administration and enforcement of the Program.

For Sponsoring Organization Use Only:

() YES () NO

MONTHLY INCOME CONVERSION: WEEKLY X 4.33 EVERY 2 WEEKS X 2.15 TWICE A MONTH X 2

Total family income: _____ Family size: _____

Tier I _____ Eligible:

Tier II _____ Not Eligible:

Sponsor Signature: _____ Date: _____

| | |
|---|-------------|
| For state use only: | |
| Verified by: _____ | Date: _____ |
| Verified classification: <input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Denied | |
| Reason for change in classification: _____ | |

**CACFP ELIGIBILITY APPLICATION INSTRUCTIONS
FAMILY DAY CARE HOMES**

Please complete the Child and Adult Care Food Program Eligibility Application using the instructions below. Sign the statement and return it to the sponsoring organization listed below. Call the organization if you need help: #

PART 1A: PROVIDER INFORMATION: Complete this part.

- (1) Print the name of the Day Care Home provider.

PART 1B: Complete this part if you are claiming your own children.

PART 2A: HOUSEHOLD GETTING SNAP, TANF, or FDPIR BENEFITS:

Complete this PART and PART 3.

- (1) List your current SNAP, TANF, or FDPIR case number. Do not complete Part 2B.
(2) An adult household member must sign the statement in PART 3.

PART 2B: HOUSEHOLD INCOME: Complete this PART and PART 3

- (1) List the names of household members.
(2) Write the amount of income (the amount before taxes or anything else is taken out), the frequency of income (i.e., weekly, every two weeks, twice a month, or monthly) received **last month** for each household member, and where it came from, such as earnings, welfare, pensions, and other income (refer to examples below for types of income to report). If any amount last month was more or less than usual, write the person's usual income.
(3) An adult household member must sign this income eligibility statement and give his/her social security number in PART 3.

PART 3: SIGNATURE AND LAST FOUR DIGITS OF THE SOCIAL SECURITY NUMBER: All households complete this PART.

- (1) All eligibility statements must have the signature of an adult household member;
(2) The adult household member who signs the statement must include the last four digits of his/her social security number. If he/she does not have a social security number, write "none". If you listed a SNAP, TANF, or FDPIR number a social security number is not needed.

PART 4: ETHNIC/RACIAL IDENTITY: Complete the Ethnic/Racial identity question.

INCOME TO REPORT

Earnings from Employment

Wages/salaries/tips
Strike benefits
Unemployment compensation
Worker's compensation
Net income from self-owned business or farm

Welfare/Child Support/Alimony

Public assistance payments
Welfare payments
Alimony/Child support payments

Pensions/Retirement/Social Security

Pensions
Supplemental security income
Retirement income
Veteran's payments
Social security

Military Households

All cash income, including military housing/uniform allowances. Does not include "in-kind" benefits NOT paid in cash (base housing, clothing, food, medical care, etc.)

Other Income

Disability benefits
Cash withdrawn from savings
Interest/dividends
Income from estates/trusts/investments
Regular contributions from persons not living in the household
Net royalties/annuities/net rental income
Any other income

Name and Address of Sponsoring Organization

For Institutions:

A representative from the Institution (Eligibility Official) must review the Eligibility Application and classify the application as Free, Reduced, or Denied based on the information provided by the household. Income Eligibility Applications must be signed and dated by the Eligibility Official. Applications not signed and dated will be reimbursed at the paid rate until certified by the eligibility official.

Dear Day Care Home Provider:

You are participating in the Child and Adult Care Food Program (CACFP) funded by the U.S. Department of Agriculture and administered by the North Carolina Department of Health and Human Services. Please help us comply with the CACFP requirements by completing, signing and returning the attached income statement as soon as possible to your sponsor. This information is necessary so that you may be paid for the meals served to the children in your care. All children in our program receive their meals free of charge, but the income eligibility category determines the amount of funding you will receive. The information you provide on this form will be confidential and will **NOT** be shared with anyone else without your permission.

Complete the application as follows:

- **PROVIDER’S NAME:** Insert your name.
- **CHILDREN:** Complete Part 1B if you are claiming your own children.
- **SNAP, TANF/WORK FIRST, FDIPIR:** If a household member is currently receiving benefits from any of these programs, provide the program case/identification number as requested. Do not complete Part 2B.
- **HOUSEHOLD MEMBERS:** Complete Part 2B if you do not complete Part 2A. List household members, the name of the enrolled child(ren), and any other dependent children who live in the household.
- **CURRENT INCOME:** List the amount of income each person earned **last month (BEFORE)** deductions for taxes, social security, etc.), the frequency of income, and where it is from, such as wages, retirement, or welfare. If any household member’s income last month was higher or lower than usual, list that person’s usual average monthly income.
- **SIGNATURE:** An adult household member must sign the income eligibility application.
- **LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER:** List the last four digits of the social security number of the adult who signs the income eligibility statement. If that adult does not have a social security number, print “None.”

REDUCED GUIDELINES EFFECTIVE JULY 1, 2017 - JUNE 30, 2018*

| HOUSEHOLD SIZE | YEARLY | MONTHLY | TWICE PER MONTH | EVERY TWO WEEKS | WEEKLY |
|---|----------|---------|-----------------|-----------------|---------|
| 1 | \$22,318 | \$1,860 | \$930 | \$859 | \$430 |
| 2 | \$30,044 | \$2,504 | \$1,252 | \$1,156 | \$578 |
| 3 | \$37,777 | \$3,149 | \$1,575 | \$1,453 | \$727 |
| 4 | \$45,510 | \$3,793 | \$1,897 | \$1,751 | \$876 |
| 5 | \$53,243 | \$4,437 | \$2,219 | \$2,048 | \$1,024 |
| 6 | \$60,976 | \$5,082 | \$2,541 | \$2,346 | \$1,173 |
| 7 | \$68,709 | \$5,726 | \$2,863 | \$2,643 | \$1,322 |
| 8 | \$76,442 | \$6,371 | \$3,186 | \$2,941 | \$1,471 |
| For each additional family member add: | \$7,733 | \$645 | \$323 | \$298 | \$149 |

*Households with income less than or equal to these levels are eligible for free or reduced price meals.

You may submit a program Income Eligibility Application any time during the fiscal year. Participants having family members who become unemployed are eligible for free or reduced-price meals during the period of unemployment, provided that the loss of income causes the family’s income during the period of unemployment to be within the eligibility standards for those meals.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, this institution is prohibited from discriminating based on race, color, national origin, sex, age, disability and reprisal or retaliation for prior civil rights 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, 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 U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410, by fax (202) 690-7442 or email program.intake@usda.gov. This institution is an equal opportunity provider.