CACFP INCOME ELIGIBILITY
CHILDREN ENROLLED IN FAMILY DAY CARE HOMES

PART 1

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

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

Provider's Name:

PART 2A - HOUSEHOLDS NOW GETTING SNAP, TANF/WORK FIRST, FDPIR, NATIONAL SCHOOL LUNCH OR WIC 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 #:_____ WIC#: _____ TANF/Work First identification #: _____ Receives Free/Reduced Priced School Lunch (NSLP) ☐(Check if applies) FDPIR identification #:_____ Receives Free/Reduced Priced School Breakfast (SBP) ☐(Check if applies) (Food Distribution Program on Indian Reservations) ☐(Check if applies) Federally funded Head Start Program ☐(Check if applies)

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**

PART 2C - Complete this PART and PART 3. . A foster child is automatically eligible to receive free Program meal benefits, and a Head Start participant is automatically eligible to receive free Program meal benefits, subject to submission by Head Start officials of a Head Start Statement of income eligibility or income eligibility documentation.

Is this a Foster Child? ☐Yes ☐No 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 THE SOCIAL SECURITY NUMBER: **An adult household member must sign the statement before it can be approved.** . I certify that all of the above information is true and correct; that the application is being made in connection with the receipt of federal funds, that Program officials may verify the information on the application; and that deliberate misrepresentation of any of the information on the application may subject me to prosecution under applicable State and Federal criminal statutes.

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

Printed name of Adult:_____ Date Signed:_____

_____ _____
Home Address Zip Code Home Telephone Work Telephone

PART 4 - ETHNIC IDENTITY (Check one): ☐Hispanic or Latino ☐Not Hispanic or Latino

RACE OF PARTICIPANT (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:

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:

Determining Official Signature: _____ Date: _____

For state use only:
Verified by: _____ Date: _____
Verified classification: ☐ Free ☐ Reduced ☐ Denied

CACFP INCOME ELIGIBILITY
CHILDREN ENROLLED IN FAMILY DAY CARE HOMES

PARENT/GUARDIAN HOUSEHOLD LETTER

Dear Parent/Guardian:

Your day care provider participates 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 to the address provided. This information is necessary so that your day care provider may be paid for the meals served to the children in their care. All children in our program receive their meals free of charge, but the income eligibility category determines the amount of funding your day care provider will receive. The information you provide on this form will be confidential and will **NOT** be shared with your day care provider or anyone else without your permission.

Complete the application as follows:

- **HOUSEHOLD MEMBERS:** List the name of the enrolled child(ren), and the child's parent(s) or guardian, and any other dependent children who live in the household.
- **SNAP, TANF/WORK FIRST, FDPIR, WIC, FREE/REDUCED PRICE SCHOOL LUNCH:** 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.
- **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 the 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, 2018 - JUNE 30, 2019*

HOUSEHOLD SIZE	YEARLY	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY
1	$22,459	$1,872	$936	$864	$432
2	$30,451	$2,538	$1,269	$1,172	$586
3	$38,443	$3,204	$1,602	$1,479	$740
4	$46,435	$3,870	$1,935	$1,786	$893
5	$54,427	$4,536	$2,268	$2,094	$1,047
6	$62,419	$5,202	$2,601	$2,401	$1,201
7	$70,411	$5,868	$2,934	$2,709	$1,355
8	$78,403	$6,534	$3,267	$3,016	$1,508
For each additional family member add:	$7,992	$666	$333	$308	$154

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, audiotape, 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.

CACFP INCOME ELIGIBILITY APPLICATION INSTRUCTIONS
CHILDREN ENROLLED IN FAMILY DAY CARE HOMES

PART 1 – PARTICIPANT'S INFORMATION: Complete this part.

(1) Print the name of each child enrolled in the Day Care Home.
(2) Print the name of the Day Care Home provider.

PART 2A – HOUSEHOLD GETTING SNAP, TANF/WORK FIRST, FDPIR, NATIONAL SCHOOL LUNCH, SCHOOL BREAKFAST, HEADSTART OR WIC BENEFITS:

(1) Complete this PART and PART 3.
(2) List your current SNAP case number or your TANF/Work First, FDPIR, or WIC identification number, or check yes to indicate that your child receives free/reduced priced school lunch. Do not complete Part 2B.
(3) 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) For each household member provide the gross income (the amount before taxes or any other deductions), 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 the last four digits of his/her social security number in PART 3.

INCOME TO REPORT

Earnings from Employment	**Pensions/Retirement/Social Security**	**Other Income**
Wage/Salaries/Tips Strike Benefits Unemployment Compensation Worker's Compensation Net Income from Self-Owned Business or Farm	Pensions Supplemental Security Income Retirement Income Veteran's Payments Social Security	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
Welfare/Child Support/Alimony	**Military Households**	
Public Assistance payments Welfare payments Alimony/Child support payments	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.)	

PART 2C – FOSTER CHILD: Complete this PART and PART 3 for each foster child living in your home and enrolled in the facility. 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**.**

PART 3 – SIGNATURE AND LAST FOUR DIGITS OF 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/Work First, WIC, or FDPIR number, a Social Security number is not needed.

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

The section below should be returned with the CACFP Eligibility Application if consent is given to the provider to collect this form.

Written Consent Clause: Provider's Name: _____

If you choose to complete the CACFP Eligibility Application, you have the option of returning it directly to your Provider or to the Provider's Sponsor. If you want to provide the CACFP Eligibility Application directly to the sponsor, return the competed form to: _____

Name and Address of Sponsoring Organization

_____ Initial here if you consent to allowing _____ to collect your form and provide it to the Sponsor.

(Provider's Name)

_____ will not review your form.

(Provider's Name)