

**Instructions for Parents/Participants/Guardians  
Household Income Eligibility Statement - Child Care Institutions**

**If you are applying for foster child(ren) only, follow these instructions:**

**Part 1:** Do not complete.

**Part 2:** List name, age, and birth date of foster child(ren); check the box for foster child.

**Part 3:** Sign and date the form. The last four digits of a social security number are not necessary.

**If your household receives Food Assistance Program (FAP), Family Independence Program (FIP), or Food Distribution Program on Indian Reservations (FDPIR) benefits, follow these instructions:**

**Part 1:** List the name and case number for any household member (including adults) receiving FAP, FIP, or FDPIR.

**Part 2:** List the name, age, and birth date for all children enrolled in day care.

**Part 3:** Sign and date the form. A Social Security Number is not necessary.

**Note:** Benefits received under WIC, Medicaid, or Department of Health and Human Services (DHHS) Child Care Assistance Program (where DHHS pays a portion of your child care expense) does not automatically qualify for Category A (free) meals.

**All other households, including households where some of the children are foster children, follow these instructions (not required if household is over the income limits and don't have any foster children):**

**Part 1:** Do not complete.

**Part 2:** List the names and ages of everyone (related or not related) living in your household, including you, other adults and children (If you need more space, use a separate sheet of paper.)

Place a ✓ in the column for all children enrolled in child care

List household members' ages and dates of birth

Place a ✓ in the next column if children in the household are foster children

If no case number is indicated in Part 1, list (by person) the amount and source of income received last month. List monthly earnings **before** deductions, monthly welfare, child support or alimony or any other income including retirement, Social Security, Supplemental Security Income (SSI), Veteran's (VA) benefits, disability benefits, Worker's Compensation, unemployment, strike benefits, regular contributions of people who do not live in your household or any other income

Place a ✓ in the box for those listed who do not have income

If you are in the Military Housing Privatization Initiative or receive Combat Pay, do not include the housing allowance as income

Foster child payments received by the family from the placement agency are not considered income and do not have to be reported. The presence of a foster child in a family does not make all children in the household automatically eligible for free meals

If you are a farmer or self-employed, monthly income is gross farm or business income received in the month prior to application minus farm or business expenses. Gross wages from other jobs or income from other sources must also be listed as income. A loss from self-employment must be listed as zero income and cannot reduce other income

**Part 3:** Sign and date the form and list the last four digits of your Social Security Number or check the box indicating "I do not have a Social Security Number."

**Help With Income** To determine annualized income:

If paid every week, multiply the total gross income by 52.

If paid every two weeks, multiply the total gross income by 26.

If paid once a month, use the total gross monthly income.

If paid twice a month, multiply the total gross income by 24.

If paid once a year, use the total gross yearly income.

Return the completed application to the child care center.

## Household Income Eligibility Statement – Child Care Institutions

**Part 1 – Households Receiving Food Assistance Program (FAP), Family Independence Program (FIP), or Food Distribution Program on Indian Reservations (FDPIR)**

If any member of your household receives FAP, FIP, or FDPIR, provide the name and case number for the person who receives the benefits.

Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

**Part 2 – Household Information**

First and Last Names of All Household Members, Related and Unrelated	Enrolled for Child Care (x)	Age	Birth Date	Foster Child (x)	Amount of Earnings from Work (before deductions)	How Often? (x)					Amount of Welfare, Child Support, or Alimony	How Often? (x)					Amount of All Other Income (Indicate source and amount)	How Often? (x)					Mark if No Income (x)	
						A	M	2	B	W		A	M	2	B	W		A	M	2	B	W		
						n	o	x	i	e		n	o	x	i	e		n	o	x	i	e		

**Part 3 – All Households: Signature and Last Four (4) Digits of Adult Social Security Number** (Adult household member MUST sign and date)

I certify that all information on this form is true, and that all income is reported. I understand that the center or day care home will receive federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Last four digits of Social Security Number: **XXX-XX-**\_\_ \_\_ \_\_ \_\_

\_\_\_\_ I do not have a Social Security Number

**For Institution Use Only:**

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Total Household Members:	Total Income: \$	<input type="checkbox"/> Annually <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> 2x Month	<p style="text-align: center;"><u>APPROVED CATEGORY</u></p> Categorical Eligibility (A/Free): Foster FIP FAP FDPIR Other Household Children: A (Free) B (Reduced) C (Paid)
Institution Official Signature: _____		Approval Date: _____	

**This form is valid for 12 months from the date of institution signature. Approval date and institution signature are required.**

### **Privacy Act Statement**

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 the participant 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 Social Security Number is not required when you apply on behalf of a foster child or you list a Food Assistance Program (FAP), Family Independence Program (FIP), or Food Distribution Program on Indian Reservations (FDPIR) case number for the participant 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 the participant is eligible for free or reduced-price meals, and for administration and enforcement of the Program.

### **USDA Nondiscrimination Statement**

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: [U.S Department of Agriculture USDA Program Discrimination Complaint Form](#), from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: **mail:** U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; or **fax:** (833) 256-1665 or (202) 690-7442; or **email:** [program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.

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