



## Child and Adult Care Food Program FAMILY INCOME-ELIGIBILITY APPLICATION

| Child's Name | Birthdate | Is this a foster child? | Is this child enrolled in Head Start? | Is this child eligible for free or reduced-price meals at school? |
|--------------|-----------|-------------------------|---------------------------------------|-------------------------------------------------------------------|
|              |           | Yes _____ No _____      | Yes _____ No _____                    | Yes _____ No _____                                                |
|              |           | Yes _____ No _____      | Yes _____ No _____                    | Yes _____ No _____                                                |
|              |           | Yes _____ No _____      | Yes _____ No _____                    | Yes _____ No _____                                                |
|              |           | Yes _____ No _____      | Yes _____ No _____                    | Yes _____ No _____                                                |

### INSTRUCTIONS

Please check the boxes that apply to help determine the other parts of this form to complete:

- A family member in our household receives benefits from Basic Food, TANF, or FDPIR. (Please complete Part 3 and 5.)
- One or more of the children in Part 2 is a foster child. (Please complete Part 5.) If any non-foster children, complete Part 3 or 4.
- My child(ren) qualify for Free/Reduced-Price meals based on household income. (Please complete Part 4 and 5.)

| Name | Circle One                                                                                       | Case Number or Identification Number |
|------|--------------------------------------------------------------------------------------------------|--------------------------------------|
|      | <input type="checkbox"/> Basic Food <input type="checkbox"/> TANF <input type="checkbox"/> FDPIR |                                      |

| List Names (First and Last) of everyone in your household, including foster children | Gross Income from Last Month – Tell us how much and how often<br>(or net income if self-employed) (if None, Write "0") |                        |                                       |                             |
|--------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------------------------|-----------------------------|
|                                                                                      | Earnings from Work Before Deductions                                                                                   | Alimony, Child Support | Retirement, Pensions, Social Security | Job Two or Any Other Income |
| <i>Jane Smith (example)</i>                                                          | <i>\$ 1000 / month</i>                                                                                                 | <i>\$ 300 / month</i>  | \$ ____ / ____                        | <i>\$ 100 / week</i>        |
| 1.                                                                                   | \$ ____ / ____                                                                                                         | \$ ____ / ____         | \$ ____ / ____                        | \$ ____ / ____              |
| 2.                                                                                   | \$ ____ / ____                                                                                                         | \$ ____ / ____         | \$ ____ / ____                        | \$ ____ / ____              |
| 3.                                                                                   | \$ ____ / ____                                                                                                         | \$ ____ / ____         | \$ ____ / ____                        | \$ ____ / ____              |
| 4.                                                                                   | \$ ____ / ____                                                                                                         | \$ ____ / ____         | \$ ____ / ____                        | \$ ____ / ____              |
| 5.                                                                                   | \$ ____ / ____                                                                                                         | \$ ____ / ____         | \$ ____ / ____                        | \$ ____ / ____              |
| 6.                                                                                   | \$ ____ / ____                                                                                                         | \$ ____ / ____         | \$ ____ / ____                        | \$ ____ / ____              |

If Part 4 is completed, the adult signing the form must list the last four digits of their Social Security Number or the box must be checked that they do not have one (see Privacy Statement on the back of this page).

Adult's Social Security Number (last four digits) XXX-XX-\_\_\_\_\_  I do not have a Social Security Number.

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

|                      |                |                |
|----------------------|----------------|----------------|
| Signature of Parent  | Date Signed    |                |
| Print Name of Parent | Home Telephone | Work Telephone |

