

# CHILD AND ADULT CARE FOOD PROGRAM

## MEAL BENEFIT INCOME ELIGIBILITY FORM

### Instructions for Child and Adult Care Food Program Centers, Sponsoring Organizations and Family Day Care Home Providers

This packet contains prototype forms:

Required information that *must* be provided to households and day care home providers:

- Letter to Households: Child Day Care and Tier II Providers and Adult Day Care
- Letter to Tier I and Family Day Care Home Providers
- Meal Benefit Income Eligibility Form: Child Day Care and Adult Day Care (with Instructions)

*Note: States are not required to use the attached prototypes, but must ensure that the information is provided.*

Verification of eligibility information materials:

- Notification of Selection for Verification of Eligibility (Pricing programs only): Child Day Care and Adult Day Care
- Letter of Verification Results (Pricing programs only): Child Day Care and Adult Day Care

Optional application-related material that *may* be provided to households:

- Sharing Information With Medicaid and SCHIP

The pages are designed to be printed on 8½" by 11" paper. Some pages may be printed front and back. The **[bold bracketed fields]** indicate where you need to insert your specific information of whom to contact for assistance and where to submit the completed form(s). You should insert your State's name for the Temporary Assistance to Needy Families (TANF), or the State Children's Health Insurance Program (SCHIP), and/or, if applicable, the Food Distribution Program on Indian Reservations (FDPIR).

This prototype package also includes information regarding the exclusion of housing allowance for those in the Military Housing Privatization Initiative and pricing programs. If these sections are not pertinent, you may remove them.

Your State agency may require you to submit your package for approval. If you have questions, contact:

**[State agency address]**



## [Insert Center or Sponsoring Organization Letterhead]

Dear Parent/Guardian:

This letter is intended for parents or guardians of children enrolled in a child care center. **[Name of Center]** offers healthy meals to all enrolled children as part of our participation in the U.S. Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP). The CACFP provides reimbursements for healthy meals and snacks served to children enrolled in child care. Please help us comply with the requirements of the CACFP by completing the attached Meal Benefit Income Eligibility Form. In addition, by filling out this form, we will be able to determine if your child(ren) qualifies for free or reduced price meals.

**1. Do I need to fill out a Meal Benefit Form for each of my children in day care?** You may complete and submit one CACFP Meal Benefit Income Eligibility Form for all children enrolled in child care in your household **only if the children in child care are enrolled in the same center.** We cannot approve a form that is not complete, so be sure to read the instructions carefully and fill out all required information. **Return the completed form to: [(Name of Center, address, phone number)].**

**2. Who can get free meals without providing income information?** Children in households getting Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamps), Temporary Assistance for Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR) benefits can get free meals. Foster children and children enrolled in Head Start are also eligible for free meals. Children in households participating in WIC may be eligible for free meals.

**3. Who can get reduced price meals?** Your children can get low cost meals if your household income is within the reduced price limits on the Federal Income Chart, shown on this application. Children in households participating in WIC may be eligible for reduced price meals.

**4. May I fill out a form if someone in my household is not a U.S. citizen?** Yes. You or your children do not have to be U.S. citizens to qualify for meal benefits offered at the child care center.

**5. Who should I include as members of my household?** You must include everyone in your household (such as grandparents, other relatives, or friends who live with you) who shares income and expenses. You must include yourself and all children who live with you. You also may include foster children who live with you.

**6. How do I report income information and changes in employment status?** The income you report must be the total gross income listed by source for each household member received last month. If last month's income does not accurately reflect your circumstances, you may provide a projection of your monthly income. If no significant change has occurred, you may use last month's income as a basis to make this projection. If your household's income is equal to or less than the amounts indicated for your household's size on the attached Income Chart, the center will receive a higher level of reimbursement. Once properly approved for free or reduced price benefits, whether through income or by providing a current SNAP, TANF, FDPIR case number, you will remain eligible for those benefits for 12 months. You should notify us, however, if you or someone in your household becomes unemployed and the loss of income causes your household income to be within the eligibility standards.

**7. What if my income is not always the same?** List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you only get it sometimes.

**8. What if I have foster children?** Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income. Households may include foster children on the Meal Benefit Form, but are not required to include payments received for the foster child as income. Households wishing to apply for such benefits for foster children should contact **[name, address, phone number]**.

**9. We are in the military, do we include our housing and supplemental allowances as income?** If your housing is part of the Military Housing Privatization Initiative and you receive the Family Subsistence Supplemental Allowance, do not include these allowances as income. Also, in regard to deployed service members, only that portion of a deployed service member's income made available by them or on their behalf to the household will be counted as income to the household. Combat Pay, including Deployment Extension Incentive Pay (DEIP) is also excluded and will not be counted as income to the household. All other allowances must be included in your gross income.

**10. (Pricing program only) Will the information I give be verified?** Maybe. We may ask you to send written proof to verify the information you submitted on the form. **What if I disagree with the decision about the information I complete on this form?** You should talk to your **[Center or Sponsoring Organization]**.

In the operation of child feeding programs, no person will be discriminated against because of race, color, national origin, sex, age or disability.

If you have other questions or need help, call **[phone number]**.

Sincerely,

**[signature]**



## [Insert Sponsoring Organization Letterhead]

Dear Parent/Guardian:

This letter is intended for parents or guardians of children enrolled at a family day care home. **[Name of day care home]** offers healthy meals to all enrolled children as part of our participation in the U.S. Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP). The CACFP provides reimbursements for healthy meals and snacks served to children enrolled in child care. Please help us comply with the requirements of the CACFP by completing the attached Meal Benefit Income Eligibility Form.

**1. Am I required to complete a Meal Benefit Income Eligibility Form in order for my child(ren) to receive CACFP Benefits?** No, but if you choose to do so, your provider may receive a higher reimbursement for the meals served to your child. If you do complete the form, you have the option of returning it directly to your Provider or to the Provider's Sponsor, **[Sponsor's Name]**. If you would like to provide your form directly to the sponsor, return the completed form to: **[(Sponsor) at name, address, phone number]**.

\_\_\_ Initial here if you consent to allowing **[Provider's Name]** to collect your form and provide it to the Sponsor. **[Provider's Name]** will not review your form.

**2. Do I need to fill out a Meal Benefit Form for each of my children in day care?** You may complete and submit one CACFP Meal Benefit Income Eligibility Form for all children enrolled in child care in your household **only** if the children in child care are enrolled in the same home. We cannot approve a form that is not complete, so be sure to read the instructions carefully and fill out all required information.

**3. Who qualifies for the higher reimbursement without providing income information?** Your provider will receive a higher reimbursement for meals served to foster children and children in households getting Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamps), Temporary Assistance for Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR) benefits. Children in households participating in WIC also may qualify for the higher reimbursement.

**4. Who qualifies for the higher reimbursement based on income?** Your provider may receive a higher reimbursement for the meals served to your children if your household income is within the reduced price limits on the Federal Income Chart, shown on this application. Children in households participating in WIC may be eligible for the higher reimbursement.

**5. May I fill out a form if someone in my household is not a U.S. citizen?** Yes. You or your children do not have to be U.S. citizens to qualify for meal benefits offered at the day care home.

**6. Who should I include as members of my household?** You must include everyone in your household (such as grandparents, other relatives, or friends who live with you) who shares income and expenses. You must include yourself and all children who live with you. You also may include any foster children living with you.

**7. How do I report income information and changes in employment status?** The income you report must be the total gross income listed by source for each household member received last month. If last month's income does not accurately reflect your circumstances, you may provide a projection of your monthly income. If no significant change has occurred, you may use last month's income as a basis to make this projection. If your household's income is equal to or less than the amounts indicated for your household's size on the attached Income Chart, the family day care home will receive a higher level of reimbursement. Once properly approved for the higher reimbursement rate, whether through income or by providing a current SNAP, TANF, or FDPIR case number, you will remain eligible for those benefits for 12 months. You should, however, notify us if you or someone in your household becomes unemployed and the loss of income unemployment causes your household income to be within the eligibility standards.

**8. What if my income is not always the same?** List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you only get it sometimes.

**9. What if I have foster children?** Foster children that are under the legal responsibility of a foster care agency or court automatically qualify for the higher reimbursement. Any foster child in the household qualifies regardless of income. Households may include foster children on the Meal Benefit Form, but are not required to include payments received for the foster child as income. Households wishing to apply for such benefits for foster children should contact **[name, address, phone number]**.

**10. We are in the military, do we include our housing and supplemental allowances as income?** If your housing is part of the Military Housing Privatization Initiative and you receive the Family Subsistence Supplemental Allowance, do not include these allowances as income. Also, in regard to deployed service members, only that portion of a deployed service member's income made available by them or on their behalf to the household will be counted as income to the household. Combat Pay, including Deployment Extension Incentive Pay (DEIP) is also excluded and will not be counted as income to the household. All other allowances must be included in your gross income.

In the operation of child feeding programs, no person will be discriminated against because of race, color, national origin, sex, age or disability. If you have other questions or need help, call **[phone number]**.

Sincerely,  
**[signature]**



## [Insert Center or Sponsoring Organization Letterhead]

Dear Parent/Guardian:

The CACFP offers meal reimbursements to adult day care facilities which provide structured comprehensive services to nonresidential adults who are functionally impaired, or aged 60 and older. By completing the attached Meal Benefit Income Eligibility Form, the centers will be able to receive reimbursement, which is based on the number of enrolled participants that are eligible for free or reduced price meals.

**1. Do I need to fill out a Meal Benefit Form for each adult in day care? You may** complete and submit one CACFP Meal Benefit Income Eligibility Form for the adults enrolled in day care in your household **only** if they are enrolled in the same center. We cannot approve a form that is not complete, so be sure to read the instructions carefully and fill out all required information. **Return the completed form to: [(Center) at name, address, phone number].**

**2. Who can get free meals?** Adults in households getting Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamp), Food Distribution Program on Indian Reservations (FDPIR), Supplemental Security Income (SSI) or Medicaid benefits can get free meals. Adults in households participating in WIC may be eligible for free meals.

**3. Who can get reduced price meals?** Adults can get low cost meals if your household income is within the reduced price limits on the Federal Income Chart, shown on this application. Adults in households participating in WIC may be eligible for reduced price meals.

**4. May I fill out a form if someone in my household is not a U.S. citizen?** Yes. You or the adult in your care do not have to be U.S. citizens to qualify for meal benefits offered at the center.

**5. Who should I include as members of my household?** You must only include the adult in your care, his or her spouse, and his or her dependents who share income and expenses.

**6. How do I report income information and changes in employment status?** The income you report must be the total gross income listed by source for each household member received last month. If last month's income does not accurately reflect your circumstances, you may provide a projection of your monthly income. If no significant change has occurred, you may use last month's income as a basis to make this projection. If your household's income is equal to or less than the amounts indicated for your household's size on the attached Income Chart, the adult day care will receive a higher level of reimbursement. Once properly approved for free or reduced price benefits, whether through income or proof of benefits as supported by a current SNAP, FDPIR case number or a SSI or Medicaid assistance number, you will remain eligible for those benefits for a period not to exceed 12 months. You should, however, notify us if you or someone in your household becomes unemployed and the loss of income during the period of unemployment causes your household income to be within the eligibility standards.

**7. What if my income is not always the same?** List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.

**8. We are in the military, do we include our housing allowance as income?** If your housing is part of the Military Housing Privatization Initiative and you receive the Family Subsistence Supplemental Allowance, do not include these allowances as income. Also, in regard to deployed service members, only that portion of a deployed service member's income made available by them or on their behalf to the household will be counted as income to the household. Combat Pay, including Deployment Extension Incentive Pay (DEIP) is also excluded and will not be counted as income to the household. All other allowances must be included in your gross income.

**9. (Pricing program only) Will the information I give be verified? Maybe.** We may ask you to send written proof to verify the information you submitted on the form. **What if I disagree with the decision about the information I complete on this form?** You should talk to your **[Center or Sponsoring Organization]**. You may ask for a hearing by calling or writing to: **[name, address, phone number]**.

In the operation of the CACFP, no person will be discriminated against because of race, color, national origin, sex, age or disability.

If you have other questions or need help, call **[phone number]**.

Sincerely,

**[signature]**



## [Insert Sponsor Letterhead]

Dear Provider:

To qualify for Tier I reimbursement, or if you wish to receive reimbursement for meals served to your own children under the U.S. Department of Agriculture's Child and Adult Care Food Program (CACFP), you must complete, sign and return to us the enclosed Meal Benefit Income Eligibility Form.

**1. How do I qualify for the Tier I reimbursement for meals served to children enrolled in my home?** You must either (a) live in an area that is eligible based on economic need as determined by school enrollment or census data, or (b) establish economic need through the information provided on the enclosed Meal Benefit Income Eligibility Form.

**2. Who determines my eligibility as a Tier I day care home?** Our office will determine your eligibility status. We will use the information you provide on the Meal Benefit Form. Make sure you complete and sign the form; report all household income (not just your family day care home business income); and provide appropriate records of your income. **Return the completed form and other papers to: [at name, address, phone number].**

**3. What kind of records should I submit with my Meal Benefit Form?** If you operated a family day care home business last year, attach a copy of your most recent tax return, including Schedule C if your recent tax return and Schedule C is no longer indicative of your income you may submit documentation of your current income and expenses. To do so, include payment statements for work and other forms of income. The papers you send must show the name of the person who received the income, the date it was received, how much was received, and how often it was received.

**4. How do I get reimbursed for meals served to my own children?** You are required by law to complete this form if you wish to claim meals served to your own children. Even if you live in an area identified as one of economic need, or you have already been classified as a tier I home, you must complete this form. Our office may verify the income information you submit.

**5. If I do not live in an area of economic need or don't want to submit the Meal Benefit Form, what are my options for reimbursement?** You will receive lower rates of reimbursement for meals served to children enrolled in your family day care home.

**6. Will the information I give be verified? Maybe. We may ask you to send written proof to verify the information you submitted on the form. What if I disagree with the decision about the information I complete on this form?** You should talk to your sponsoring organization.

**7. Who should I include as members of my household?** You must include everyone in your household (such as grandparents, other relatives, or friends who live with you) who shares income and expenses. You must include yourself and all children who live with you.

**8. How do I report income information and changes in employment status?** The income you report must be the total gross income listed by source for each household member received last month. If last month's income does not accurately reflect your circumstances, you may provide a projection of your monthly income. If no significant change has occurred, you may use last month's income as a basis to make this projection. If your household's income is equal to or less than the amounts indicated for your household's size on the attached Income Chart, you will receive a higher level of reimbursement. Once properly approved for free or reduced price benefits, whether through income or proof of benefits as supported by a current Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamp), Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) case number, you will remain eligible for those benefits for a period not to exceed 12 months. You should, however, notify us if you or someone in your household becomes unemployed and the loss of income during the period of unemployment causes your household income to be within the eligibility standards.

**9. May I fill out a form if someone in my household is not a U.S. citizen?** Yes. You or your children do not have to be U.S. citizens.

**10. What if I have foster children?** Foster children are eligible for free meals regardless of their personal or the income of the household with whom they reside. Households wishing to apply for such benefits for foster children should contact **[name, address, phone number]**. Additionally foster children may be included as members of the household for determining the eligibility of other children in the household for free and reduced priced meals.

**11. We are in the military. Do we include our housing allowance as income?** If your housing is part of the Military Housing Privatization Initiative and you receive the Family Subsistence Supplemental Allowance, do not include these allowances as income. Also, in regard to deployed service members, only that portion of a deployed service member's income made available by them or on their behalf to the household will be counted as income to the household. Combat Pay, including Deployment Extension Incentive Pay (DEIP) is also excluded and will not be counted as income to the household. All other allowances must be included in your gross income.

In the operation of the CACFP, no person will be discriminated against because of race, color, national origin, sex, age or disability.

If you have other questions or need help, call **[phone number]**.

Sincerely,

**[signature]**





## INSTRUCTIONS FOR COMPLETING THE CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

### Follow these instructions, if your household gets SNAP, TANF or FDPIR:

- Part 1:** List all enrolled children and household members.
- Part 2:** List the case number for any household members (including adults) receiving [State SNAP] or [State TANF] or [FDPIR] benefits.
- Part 3:** Skip this part.
- Part 4:** Skip this part.
- Part 5:** Sign the form. The last four digits of a Social Security Number are **not** necessary.
- Part 6:** Answer this question if you choose.

### If you are applying on behalf of a FOSTER CHILD, follow these instructions:

If **all** children you are applying for are foster children, or if you are only applying for benefits for the foster child:

- Part 1:** List all foster children. Check the box indicating that the child is a foster child.
- Part 2:** Skip this part.
- Part 3:** Skip this part.
- Part 4:** Skip this part.
- Part 5:** Sign the form. A Social Security Number is **not** necessary.
- Part 6:** Answer this question if you choose to.

If some of the children in the household are foster children.

- Part 1:** List all enrolled children and household members. For any people, including children, with no income, you must check the "No Income Box." Check the box if the child is a foster child.
- Part 2:** If the household does not have a case number, skip this part.
- Part 3:** If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call [your school, homeless liaison, migrant coordinator]. If not, skip this part.
- Part 4:** Follow these instructions to report total household income from this month or last month.

**Column A – Name:** List only the first and last name of **each** person living in your household who share income and expenses, related or not (such as grandparents, other relatives, or friends who live with you) with income. Include yourself and all children living with you. Attach another sheet of paper if you need to.

**Column B – Gross Income and How Often it was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received – weekly, every other week, twice a month, or monthly.

**Box 1:** List the **gross income**, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your stub or your boss can tell you.

**Box 2:** List the amount each person got for the month from welfare, child support, alimony.

**Box 3:** List retirement, Social Security, Supplemental Security Income (SSI), Veteran's (VA) benefits, disability benefits.

**Box 4:** List ALL OTHER INCOME SOURCES including Worker's Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, and any other income. For **ONLY** the self-employed, report income after expenses in Box 1. Box 4 is for your business, farm or rental property. Do not include income from SNAP, FDPIR, WIC or Federal education benefits. If you are in the Military Housing Privatization Initiative or get combat pay, do not include this housing allowance as income.

- Part 5:** Adult household member must sign the form and list the last four digits of the Social Security Number or mark the box if s/he doesn't have one.
- Part 6:** Answer this question if you choose.



## INSTRUCTIONS FOR COMPLETING THE CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

**ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:**

**Part 1:** List all enrolled children and household members. For any people, including children, with no income, you must check the “No Income Box.”

**Part 2:** Skip this part.

**Part 3:** If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call [your school, homeless liaison, migrant coordinator]. If not, skip this part.

**Part 4:** Follow these instructions to report total household income from this month or last month.

**Column A – Name:** List only the first and last name of **each** person living in your household who share income and expenses, related or not (such as grandparents, other relatives, or friends who live with you) with income. Include yourself and all children living with you. Attach another sheet of paper if you need to.

**Column B – Gross Income and How Often it was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received – weekly, every other week, twice a month, or monthly.

**Box 1:** List the **gross income**, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your stub or your boss can tell you.

**Box 2:** List the amount each person got from the month from welfare, child support, alimony.

**Box 3:** List retirement, Social Security, Supplemental Security Income (SSI), Veteran’s (VA) benefits, disability benefits.

**Box 4:** List ALL OTHER INCOME SOURCES including Worker’s Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, and any other income. For ONLY the self-employed, report income after expenses in Box 1. Box 4 is for your business, farm or rental property. Do not include income from SNAP, FDPIR, WIC or Federal education benefits. If you are in the Military Housing Privatization Initiative or get combat pay, do not include this housing allowance as income.

**Part 5:** Adult household member must sign the form and list the last four digits of the Social Security Number or mark the box if s/he doesn’t have one.

**Part 6:** Answer this question if you choose.

This explains how we will use the information you give us.

**Non-discrimination Statement:** This explains what to do if you believe you have been treated unfairly.



## INSTRUCTIONS FOR COMPLETING THE CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Adult Care)

**Follow these instructions, if your household gets SNAP, FDPIR, SSI or Medicaid:**

**Part 1:** List only the adult participants' names.

**Part 2:** List the case number for any household member receiving [State SNAP] or [FDPIR] or [SSI] or [Medicaid] benefits.

**Part 3:** Skip this part.

**Part 4:** Sign the form. The last four digits of a Social Security Number are **not** necessary.

**Part 5:** Answer this question if you choose.

**ALL OTHER HOUSEHOLDS, follow these instructions:**

**Part 1:** List only the adult participants' names. For any participant with no income, you must check the "No Income" Box.

**Part 2:** Skip this part.

**Part 3:** Follow these instructions to report total household income from this month or last month.

**Column A – Name:** List the first and last name of the adult participant, his or her spouse and his or her dependent(s) living in your household who share income and expenses.

**Column B – Gross Income and How Often it was Received:** For each **household member who is the participant, his or her spouse, or a dependent of the participant**, list each type of income received for the month. You must tell us how often the money is received – weekly, every other week, twice a month, or monthly.

**Box 1:** List the **gross income**, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your stub or your boss can tell you.

**Box 2:** List the amount each person got from the month from welfare, child support, alimony.

**Box 3:** List retirement, Social Security, Veteran's (VA) benefits, disability benefits.

**Box 4:** List ALL OTHER INCOME SOURCES including Worker's Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, and any other income. For ONLY the self-employed, report income after expenses in Box 1. Box 4 is for your business, farm or rental property. Do not include income from SNAP, FDPIR, WIC or Federal education benefits. If you are in the Military Housing Privatization Initiative or get combat pay, do not include this housing allowance as income.

**Part 5:** Adult household member must sign the form and list the last four digits of the Social Security Number or mark the box if s/he doesn't have one.

**Part 6:** Answer this question if you choose.

This explains how we will use the information you give us.

**Non-discrimination Statement:** This explains what to do if you believe you have been treated unfairly.





## CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

### Part 1. All Household Members

Name of Enrolled Child(ren):	CHECK IF A FOSTER CHILD (THE LEGAL RESPONSIBILITY OF A WELFARE AGENCY OR COURT) * IF ALL CHILDREN LISTED BELOW ARE FOSTER CHILDREN, SKIP TO PART 5 TO SIGN THIS FORM.	CHECK IF NO INCOME
<b>Names of all household members</b> (First, Middle Initial, Last)		
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

**Part 2. Benefits:** If any member of your household received [State SNAP], [FDPIR], or [State TANF cash assistance], provide the name and case number for the person who receives benefits. **If no one receives these benefits, skip to part 3.**  
 NAME: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

**Part 3.** If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call [Your School, Homeless Liaison, Migrant Coordinator at Phone #] Homeless  Migrant  Runaway

### Part 4. Total Household Gross Income—You must tell us how much and how often

A. Name (List <b>only</b> household members with income) <i>(Example)</i> <i>Jane Smith</i>	B. Gross income and how often it was received			
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA benefits	4. All Other Income
	\$200/weekly _____	\$150/twice a month _____	\$100/monthly _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____

**Part 5. Signature and Last Four Digits of Social Security Number (Adult must sign)**  
 An adult household member must sign this form. **If Part 3 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box.** (See Statement on the back of this page.)

*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 get 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.*

Sign here: \_\_\_\_\_ Print name: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Last four digits of Social Security Number: \* \* \* - \* \* - \_\_\_\_\_  I do not have a Social Security Number



## CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

<b>Part 6. Participant's ethnic and racial identities (optional)</b>	
Mark one ethnic identity:	Mark one or more racial identities:
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<b>Don't fill out this part. This is for official use only.</b>	
Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12	
Total Income: _____ Per: <input type="checkbox"/> Week, <input type="checkbox"/> Every 2 Weeks, <input type="checkbox"/> Twice A Month, <input type="checkbox"/> Month, <input type="checkbox"/> Year Household size: _____	
Categorical Eligibility: ____ Date Withdrawn: _____ Eligibility: Free ____ Reduced ____ Denied ____ Tier I ____ Tier II ____	
Reason: _____	
Temporary: Free ____ Reduced ____ Time Period: _____ (expires after ____ days)	
Determining Official's Signature: _____ Date: _____	
Confirming Official's Signature: _____ Date: _____	
Follow-up Official's Signature: _____ Date: _____	

**The participant in the day care facility may qualify for free or reduced price meals if your household income falls within the limits on this chart.**

Household size	Yearly
1	
2	
3	
4	
5	
6	
7	
8	
Each additional person:	

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 Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program 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.

**Non-discrimination Statement:** This explains what to do if you believe you have been treated unfairly. "In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."



# CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Adult Care)

## Part 1. All Household Members

Name of Enrolled Adult(s):

Names of Adult Participants  
(First, Middle Initial, Last)

CHECK  
IF NO INCOME

  
  

**Part 2. Benefits:** If any member of your household received [State SNAP], [FDPIR], [State SSI] or [Medicaid], provide the name and case number for the person who receives benefits. **If no one receives these benefits, skip to part 3.**

NAME: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

## Part 3. Total Household Gross Income—You must tell us how much and how often

A. Name (List <b>only</b> the participant(s), spouse and dependent children of participant(s)) <i>(Example)</i> <i>Jane Smith</i>	B. Gross income and how often it was received			
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA benefits	4. All Other Income
	\$200/weekly _____	\$150/twice a month _____	\$100/monthly _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____

## Part 4. Signature and Last Four Digits of Social Security Number

An adult household member must sign this form. **If Part 3 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box.** (See Statement on the back of this page.)

*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 get 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.*

Sign here: \_\_\_\_\_ Print name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Last four digits of Social Security Number: \_ \* \_ \* - \_ \* \_ - \_\_\_\_\_  I do not have a Social Security Number

## Part 5. Participant's ethnic and racial identities (optional)

Mark one ethnic identity:

- Hispanic or Latino
- Not Hispanic or Latino

Mark one or more racial identities:

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



## CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Adult Care)

**Don't fill out this part. This is for official use only.**

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income: \_\_\_\_\_ Per:  Week,  Every 2 Weeks,  Twice A Month,  Month,  Year Household size: \_\_\_\_\_

Categorical Eligibility: \_\_\_ Date Withdrawn: \_\_\_\_\_ Eligibility: Free\_\_\_ Reduced\_\_\_ Denied\_\_\_ Tier I\_\_\_ Tier II\_\_\_

Reason: \_\_\_\_\_

Temporary: Free\_\_\_ Reduced\_\_\_ Time Period: \_\_\_\_\_ (expires after \_\_\_ days)

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Follow-up Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The participant in the day care facility may qualify for free or reduced price meals if your household income falls within the limits on this chart.**

Household size	Yearly
1	
2	
3	
4	
5	
6	
7	
8	
Each additional person:	

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 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 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.

**Non-discrimination Statement:** This explains what to do if you believe you have been treated unfairly. "In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."

**You must send the information we need, or contact [name] by [date], or our center will no longer receive free or reduced price reimbursement for meals served to your child(ren).**

Center/Sponsoring Organization: [ Name ]

[Date]

Dear [Name]:

We are checking your CACFP Meal Benefit Income Eligibility Form. We must do this to make sure that CACFP benefits only those who are eligible. You must send us information to prove that **[name(s) of participant(s)]** is eligible.

If possible, send copies, not original papers. If you do send originals, they will be sent back to you only if you ask. Do not send your EBT card or any other benefit card that you will need.

**1. If you were getting SNAP, TANF or FDPIR when you applied for free or reduced price meals, or at any time since then, send us a copy of one of these:**

- SNAP, TANF or FDPIR Certification Notice that shows dates of certification.
- Letter from SNAP or Welfare Office that says you have been approved to get SNAP or TANF.

**2. If you get this letter for a foster child:**

Provide the name and contact information for a person at the agency or court who can verify that the child is the legal responsibility of the agency or court.

**3. If you do not get SNAP, TANF or FDPIR:** Send this page along with papers that show the amount of money your household gets from each source of income. The papers you send must show the **name** of the person who received the income, the **date** it was received, **how much** was received, and **how often** it was received. **Send information to: [address].**

**Acceptable papers include:**

**Jobs:** Paycheck stub or pay envelope that shows the amount and how often pay is received; letter from employer stating gross wages and how often they are paid; or business or farming papers, such as ledger books or tax returns.

**Social Security, Pensions, or Retirement:** Social Security retirement benefit letter, statement of benefits received, or pension award notice.

**Unemployment, Disability, or Worker's Comp:** Notice of eligibility from State employment security office, check stub, or letter from Worker's Compensation.

**Welfare Payments:** Benefit letter from welfare agency.

**Child Support or Alimony:** Court decree, agreement, or copies of checks received.

**Other income (such as rental income):** Information that shows the amount of income received, how often it is received, and the date it is received.

**No income:** A brief note explaining how you provide food, clothing and housing for your household, and when you expect to receive an income.

**Military Housing Privatization Initiative:** Letter or rental contract showing that your housing is part of the Military Housing Privatization Initiative.

**Timeframe of Acceptable Income Documentation:** Please submit papers that show your income at the time that you applied for benefits. If you do not have this information, you may submit papers from the time of completing the CACFP Meal Benefit Income Eligibility Form up to the time of verification.

If you have questions or need help, please call **[name]** at **[phone number]**.

Sincerely,

**[signature]**

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The Richard B. Russell National School Lunch Act requires the information on this meal benefit form. 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 all adult household members, including the child care participant. 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, Food Distribution Program on Indian Reservations (FDPIR) or other FDPIR identifier for the participant receiving meal benefits 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 CACFP.

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**Non-Discrimination Statement:** This explains what to do if you believe you have been treated unfairly. "In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."

**You must send the information we need, or contact [name] by [date], or our center will no longer receive free or reduced price reimbursement for meals served the adult participant.**

Center/Sponsoring Organization: [ Name ]

[Date]

Dear [Name]:

We are checking your CACFP Meal Benefit Income Eligibility Form. We must do this to make sure that CACFP benefits only those who are eligible. You must send us information to prove that **[name(s) of participant(s)]** is eligible.

If possible, send copies, not original papers. If you do send originals, they will be sent back to you only if you ask. Do not send your EBT card or any other benefit card that you will need.

**1. If you were getting SNAP, FDPIR, SSI or Medicaid when you applied for free or reduced price meals, or at any time since then, send us a copy of one of these:**

- SNAP, FDPIR, SSI or Medicaid Certification Notice that shows dates of certification.
- Letter from SNAP that says you have been approved to get SNAP.

**2. If you do not get SNAP, FDPIR, SSI or Medicaid:** Send this page along with papers that show the amount of money your household gets from each source of income. The papers you send must show the **name** of the person who received the income, the **date** it was received, **how much** was received, and **how often** it was received. **Send information to: [address].**

**Acceptable papers include:**

**Jobs:** Paycheck stub or pay envelope that shows the amount and how often pay is received; letter from employer stating gross wages and how often they are paid; or business or farming papers, such as ledger books or tax returns.

**Social Security, Pensions, or Retirement:** Social Security retirement benefit letter, statement of benefits received, or pension award notice.

**Unemployment, Disability, or Worker's Comp:** Notice of eligibility from State employment security office, check stub, or letter from Worker's Compensation.

**Welfare Payments:** Benefit letter from welfare agency.

**Child Support or Alimony:** Court decree, agreement, or copies of checks received.

**Other income (such as rental income):** Information that shows the amount of income received, how often it is received, and the date it is received.

**No income:** A brief note explaining how you provide food, clothing and housing for your household, and when you expect to receive an income.

**Military Housing Privatization Initiative:** Letter or rental contract showing that your housing is part of the Military Housing Privatization Initiative.

**Timeframe of Acceptable Income Documentation:** Please submit papers that show your income at the time that you applied for benefits. If you do not have this information, you may submit papers from the time of completing the CACFP Meal Benefit Income Eligibility Form up to the time of verification.

If you have questions or need help, please call **[name]** at **[phone number]**.

Sincerely,

**[signature]**

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The Richard B. Russell National School Lunch Act requires the information on this meal benefit form. 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 all adult household members, including the adult day care participant. The social security number is not required when you list a Supplemental Nutrition Assistance Program (SNAP), Food Distribution Program on Indian Reservations (FDPIR) or other FDPIR identifier, SSI or Medicaid case number for the participant receiving meal benefits 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 CACFP.

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**WE HAVE CHECKED YOUR CACFP MEAL BENEFIT  
INCOME ELIGIBILITY FORM INFORMATION (Child Care)**

Center/Sponsoring Organization: [ Name ]

[ Date: ]

Dear [ Name ]:

We checked the information you sent us to prove that [ name(s) of participant ] is eligible for free or reduced price meal benefits at our facility and have decided that:

- The participant's eligibility has not changed.
- Starting [ date ], the participant's eligibility for meal benefits will be changed **from reduced price to free** because the verified income is within the free meal eligibility limits. The participant will receive meals at no cost.
- Starting [ date ], the participant's eligibility for meals will be changed **from free to reduced price** because the verified income is over the limit.
- Starting [ date ], **the participant is no longer eligible** for free or reduced price meals for the following reason(s):
  - \_\_\_ Records show that you did not receive SNAP, TANF or FDPIR.
  - \_\_\_ Your income is over the limit for free or reduced price meals.
  - \_\_\_ You did not provide: \_\_\_\_\_
  - \_\_\_ You did not respond to our request.

If your household income goes down or your household size goes up, you may complete another CACFP Meal Benefit Income Eligibility Form. If you did not provide proof of current eligibility, you will be asked to do so if you reapply.

If you disagree with this decision, you may discuss it with [ name ] at [ phone ]. You also have the right to a fair hearing. If you request a hearing by [ date ], the participant will continue to receive free or reduced price meals until the decision of the hearing official is made. You may request a hearing by calling or writing to: [ name ], [ address ], [ phone number ].

Sincerely,

[ signature ]

**Non-Discrimination Statement:** This explains what to do if you believe you have been treated unfairly. "In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.



**WE HAVE CHECKED YOUR CACFP MEAL BENEFIT  
INCOME ELIGIBILITY FORM INFORMATION (Adult Care)**

Center/Sponsoring Organization: [ Name ]

[ Date: ]

Dear [ Name ]:

We checked the information you sent us to prove that [ name(s) of participant ] is eligible for free or reduced price meal benefits at our facility and have decided that:

- The participant's eligibility has not changed.
- Starting [ date ], the participant's eligibility for meal benefits will be changed **from reduced price to free** because the verified income is within the free meal eligibility limits. The participant will receive meals at no cost.
- Starting [ date ], the participant's eligibility for meals will be changed **from free to reduced price** because the verified income is over the limit.
- Starting [ date ], **the participant is no longer eligible** for free or reduced price meals for the following reason(s):
  - \_\_\_ Records show that you did not receive SNAP, FDPIR, SSI, or Medicaid.
  - \_\_\_ Your income is over the limit for free or reduced price meals.
  - \_\_\_ You did not provide: \_\_\_\_\_
  - \_\_\_ You did not respond to our request.

If your household income goes down or your household size goes up, you may complete another CACFP Meal Benefit Income Eligibility Form. If you did not provide proof of current eligibility, you will be asked to do so if you reapply.

If you disagree with this decision, you may discuss it with [ name ] at [ phone ]. You also have the right to a fair hearing. If you request a hearing by [ date ], the participant will continue to receive free or reduced price meals until the decision of the hearing official is made. You may request a hearing by calling or writing to: [ name ], [ address ], [ phone number ].

Sincerely,

[ signature ]

**Non-Discrimination Statement:** This explains what to do if you believe you have been treated unfairly. "In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."



## SHARING INFORMATION WITH MEDICAID/SCHIP

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Dear Parent/Guardian:

If your children qualify for free or reduced price meals, they may also be able to get free or low cost health insurance through Medicaid or the State Children's Health Insurance Program (SCHIP). Children with health insurance are more likely to get regular health care and are less likely to become sick.

Because health insurance is so important to children's well-being, **the law allows us to tell Medicaid and SCHIP that your children are eligible for free or reduced price meals, unless you tell us not to.** Medicaid and SCHIP only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children in this health insurance program. Filling out the CACFP Meal Benefit Income Eligibility Forms does not automatically enroll your children in health insurance.

If you do not want us to share your information with Medicaid or SCHIP, fill out the form below and send it with your Income Eligibility Form to **[address] by [date]**. (Sending in this form will not change whether your children get free or reduced price meals.).

---

**No! I DO NOT** want information from my CACFP Meal Benefit Income Eligibility Form shared with Medicaid or the State Children's Health Insurance Program.

**If you checked no, fill out the form below.**

Child's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Print Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

For more information, you may call **[name]** at **[phone]**