

**Special Nutrition Programs
Child and Adult Care Food Program
Adult Participant Income Eligibility Application**

Part 1 – Participant name _____
Last First M.I.

Part 2A – Households Now Receiving Food Stamps, SSI, Medicaid, or FDPIR:
Complete this part and sign in Part 3 – DO NOT COMPLETE PART 2B.

Food Stamp Case #: _____ SSI Identification #: _____

Medicaid Assistance Identification #: _____ FDPIR Identification #: _____

PART 2B – ALL OTHER HOUSEHOLDS: If you did not provide a Food Stamp, SSI, Medicaid, or FDPIR number or if you did not complete Part 2A, complete this part and sign in Part 3.

Names		Current Income		
Names of all Household Members (participant, spouse, dependent children)	Gross Monthly Earnings (before deductions)	Welfare Payments, Child Support, Alimony	Payments from Pensions, Retirement, Social Security	Earnings from Job 2 or any Other Income

PART 3 – SIGNATURE: *An adult household member must sign the statement before it can be approved.*

PENALTIES FOR MISREPRESENTATION: I certify that all of the information is true and correct and the Food Stamp, SSI, Medicaid, or FDPIR number is correct or that all income is reported. I understand that this information is being given for the receipt of Federal funds, that institution officials may verify the information on the statement and the deliberate misrepresentation of the information may subject me to prosecution under applicable Federal and state laws

Signature of Adult: _____ Social Security Number: _____ Date Signed: _____

_____ Home Phone _____ Work Phone _____ Home Address _____

PART 4 – RACIAL/ETHNIC IDENTITY: You are not required to answer this question.

WHITE, not of Hispanic Origin BLACK, not of Hispanic Origin HISPANIC OR LATINO HAWAIIAN NATIVE OR OTHER PACIFIC ISLANDER

AMERICAN INDIAN or ALASKA NATIVE ASIAN NOT HISPANIC OR LATINO

*PRIVACY ACT STATEMENT: Section 9 of the National School Lunch Act requires that, unless the adult participant's Food Stamp, SSI, Medicaid, or FDPIR number is provided, you must include the Social Security number of the household member signing the statement or an indication that the household member signing the statement does not possess a Social Security number. Provision of a Social Security number is not mandatory, but if a Social Security number is not provided or an indication is not made that the adult household member signing the statement does not have such a number, the application cannot be approved. The Social Security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a Food Stamp, SSI, Medicaid, or FDPIR office to determine current certification for receipt of Food Stamps, SSI, Medicaid, or FDPIR benefits, contacting the State Employment Security office to determine the amount of benefits received and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported. The Social Security number may also be disclosed to programs as authorized under the National School Lunch Act and the Child Nutrition Act, the Comptroller General of the United States, and law enforcement officials for the purpose of investigation violations of certain Federal, state, and local education, health, and nutrition programs.

For Institution Use Only: Food Stamp/SSI/Medicaid/FDPIR household categorically eligible Free: _____

Monthly Income conversion: Weekly = X 4.33 Bi-weekly = X 2.15 Twice as Month = X 2

Total family income: _____ Family size: _____

Eligibility Classification: Free Reduced Paid Temporary: From _____ To _____

Signature of determining official: _____ Date: _____

Income Eligibility Application Instructions

Please complete the Child and Adult Care Food Program Income Eligibility Application using the instructions below. Sign the statement and return completed form to the center. You may call the center at phone # _____ if you need help.

PART 1 – PARTICIPANT’S INFORMATION: All households complete this part.

- (1) Print the name of the adult enrolled at the center.

PART 2A – HOUSEHOLDS GETTING FOOD STAMPS, SUPPLEMENTAL SECURITY INCOME (SSI), MEDICAID, OR FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPIR):

Complete this Part and Part 3.

- (1) Indicate the current Food Stamp case number, SSI identification number, Medicaid number, or FDPIR number for the adult participant. Do not complete Part 2B.
- (2) An adult household member must sign the statement in Part 3.

PART 2B – ALL OTHER HOUSEHOLDS: Complete this Part and Part 3.

- (1) List the names of everyone in the household. “Household means the adult participant and, if residing with the participant, the spouse and dependents of the adult participant”.
- (2) Write the amount and the frequency of income (i.e. weekly, every two weeks, twice a month, or monthly) received last month for each household member. This income is the amount before taxes or anything else is taken out 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 that person’s usual income.
- (3) An adult household member must sign the statement and give his/her Social Security number in Part 3.

PART 3 – SIGNATURE AND SOCIAL SECURITY NUMBER: All Households Complete this Part.

- (1) All Income Eligibility Applications must have the signature of an adult household member.
- (2) The adult household member who signs the statement must include his/her social Security number. If he/she does not have a Social Security number, write “none” or state that he/she does not have a Social Security number. If you listed a Food Stamp, SSI, Medicaid, or FDPIR number, a Social Security number is not needed.

PART 4 – RACIAL/ETHNIC IDENTITY: Complete the racial/ethnic identity question if you wish. You are not required to answer this question to get meal benefits. However, this information will help ensure that everyone is treated fairly.

INCOME TO REPORT

Earnings from Work

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

Pensions - Retirement - Social Security

Pensions
SS Income
Retirement income
Veteran’s payments
Social Security

Welfare/Child Support/Alimony

Public assistance payments
Welfare payments
Alimony/child support payments

Other Income

Disability benefits
Cash withdrawn from savings
Interest/Dividends
Income from Estates,
Trusts or investments
Regular contributions from persons not living in the household
Net royalties/annuities/net rental income
Any other income