

CHILD & ADULT CARE FOOD PROGRAM INCOME ELIGIBILITY FORM 2011-2012 Child Care Centers

Center Name: _____

Instructions for completing this form are on the other side of this sheet. If you have questions, please contact the Center Director for help.

Part 1. List each child's information.		Check box if a Foster Child
List FULL NAME(S) OF CHILD(REN) attending the center		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

Part 2 Benefits: If any member of your household received 3SquaresVT or Reach-Up assistance, provide the name of the head of household and the case number for the person who receives benefits. If no one receives these benefits, skip to part 4.

Name: _____ Case Number: _____

Part 3. If any child you are applying for is Homeless, Migrant, or a Runaway check the appropriate box and contact your school Homeless Liaison or Migrant Coordinator. Homeless Migrant Runaway

Part 4. INCOME Eligibility (If you completed 3SquaresVT or Reach Up section of Part 2 above, skip to Part 5)	Enter gross income (before deductions) of each household member and state how often it is received (Weekly, monthly, every two weeks, twice a month, or annually)				
Name of household member List names of all household members, including children listed above	Gross Earnings from work – before deductions	Child Support, Alimony or Welfare	Social Security Pensions Retirement	Any other Income	Check if No Income
Sample: <i>Jane Smith</i>	\$ <u>249.00</u> / weekly	\$ <u>300.00</u> / month	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>

Part 5. SIGNATURE AND SOCIAL SECURITY NUMBER: I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of Federal funds; that school officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State or Federal laws.

Signature of Parent or Legal Guardian	Social Security Number: XXX – XX - _____ <input type="checkbox"/> I do not have a Soc. Sec. number
Street/Apt No.	Home Phone
	Work Phone
City/State/Zip	Date Signed

Other Benefits: For information on free or low-cost health insurance contact Green Mountain Care at 1-800-250-8427 or www.GreenMountainCare.org. For information on 3SquaresVT to help with food costs, call 1-800-287-0589 or visit www.vermontfoodhelp.com.

THE SPACE BELOW IS FOR CENTER USE ONLY

Household Size: _____	Total Income _____ Per Time Period ____Year ____Month ____2XMonth ____Every 2 Weeks ____Week	NOTE: Annual Income Conversion - Weekly x 52 • Every 2 weeks x 26 • Twice a Month x 24 • Monthly x 12	
To be valid, this form must be signed and dated.		Eligibility Determination: (Check the box and circle the reason) <input type="checkbox"/> Free Income 3SquaresVT / Reach-Up Migrant/Runaway/Homeless	<input type="checkbox"/> Reduced Income
Signature of Director _____	Date _____	Name Of Foster Child: _____	<input type="checkbox"/> Denied Over Income Incomplete Form
Center Directors: Be sure to use the Income Eligibility Guidelines for CACFP to approve this form.		Temporary Approval: _____ Free (30 days)* Elig. Start: _____ through End Date: _____ Follow up required after 30 days	
See CACFP Form #25			

INSTRUCTIONS FOR APPLYING

If your household receives 3SquaresVT OR REACH UP, follow these instructions:
Part 1: List each child's name enrolled and attending the center.
Part 2: Enter the name of the head of household and the Case Number. (NOTE: a Dr. Dynasaur or Medicaid number does not qualify your child for free school meals. Do not enter a Medicaid case number.)
Part 3 & Part 4: Skip these parts.
Part 5: Sign the form. The last four digits of the Social Security number are not necessary if you are listing a 3SquaresVT or Reach Up case number.
Note: The 3SquaresVT Program may send you a letter that shows that your child is eligible for free meals. You may send this letter to the center instead of completing the Income Eligibility Form.

If you are applying only for a FOSTER CHILD(ren), follow these instructions:
Part 1: List the child's name and check the box.
Parts 2 through Part 4: Skip these parts.
Part 5: Sign the form. The last four digits of the Social Security number are not necessary for foster parents.

If some of the children in the household are foster children:
Part 1: List all children enrolled and attending the center. 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 runaway check the appropriate box and call your school.
Part 4: See the instructions for **All other Households, Part 4** below.
Part 5: Adult household member must sign and include the last four digits of the Social Security Number.

If you are applying for a Homeless, Migrant, or Runaway youth, follow these instructions:
Part 1: List the child's name enrolled and attending the center.
Part 2: Skip this part.
Part 3: Check the appropriate box and call your school for the Homeless Liaison or Migrant Coordinator.
Part 4: Skip this part.
Part 5: Sign the form. The last four digits of the Social Security number are not necessary.

ALL OTHER HOUSEHOLDS, follow these instructions:
Part 1: List each child's name enrolled and attending the center.
Part 2: Skip this part if the household does not have a case number.
Part 3: Skip this part.
Part 4: Follow these instructions to report **total household income** from last month.
First Column –Name: List the first and last name of **each person** living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children including the child(ren) you are applying for. Attach another sheet of paper if you need to.
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. For earnings, be sure to list **gross income** – not take home pay. Gross income is the amount earned before taxes and other deductions. This should be on your pay stub or your boss can tell you. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veterans Benefits (VA benefits), and disability benefits. Under *Any other Income* list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from 3SquaresVT, WIC, Federal Education benefits and foster payments received by the family from the placing agency. For **ONLY** the self-employed, under *Earnings From Work*, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.
Part 5: Adult household member must sign the form and list the last four digits of the Social Security number.

Income Eligibility Guidelines

Household Size	Yearly	Monthly	Twice Per Month	Every Two Weeks	Weekly	The chart to the left shows the reduced price guidelines. Your children may qualify for free OR for reduced price meals if your household income falls within the limits on this chart. This means that by completing this form, your center will earn a higher rate of reimbursement for meals and snacks served to children.
1	20,147	1,679	840	775	388	
2	27,214	2,268	1,134	1,047	524	
3	34,281	2,857	1,429	1,319	660	
4	41,348	3,446	1,723	1,591	796	
5	48,415	4,035	2,018	1,863	932	
6	55,482	4,624	2,312	2,134	1,067	
7	62,549	5,213	2,607	2,406	1,203	
8	69,616	5,802	2,901	2,678	1,339	
For each additional household member add	7,067	589	295	272	136	

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 (3SquaresVT), Temporary Assistance for Needy Families (Reach-Up) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child 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 lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

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."