## Child and Adult Care Food Program (CACFP) Adult Day Care Income Eligibility Form 2023-2024

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and deliberate misrepresentation of information may be subject to prosecution under applicable State or Federal laws.       City         Signature of Adult or Power of Attorney:       Street Address       City         Social Security Number: XXX - XX       State       Zip code         I do not have a Social Security Number       Home/Cell Phone       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 SquaresVT to help with food costs, call 1-800-479-6151         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 SquaresVT to help with food costs, call 1-800-479-6151         or visit www.vermontfoodhelp.com.       The SPACE EVENT EVENT         Household Size:       Total Income Reported       Per Time Period       Annually       Monthly       Twice per Mult       Weeky         Annual Income Conversion – Weekly x 52 · Every 2 weeks x 2· Twice a Month x 24 · Monthly x 12       Eigibility Determination (Below): Check the box and circle the qualifying reason.       I lower heading of the ore income heading			0	U		5	1 . 1.1 .					(F 1 1 (	1 0/2 1	•		.1	1
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Social Security Number: State   I do not have a Social Security Number State   Other Benefits: For information on free or low-cost health inscrete contact Green Mountain Care at 1-800-250-8427 or www.GreenMountainCare.org. For information on 3SquaresVT to help with food costs, call 1-800-479-6151   Other Benefits: Total Income Reported   Per Time Period Annually   Monthly Twice per Month   Eligibility Guidelines for CACFP to approve this form. To be valid, this form must be signed and dated by the individual approving the form.     I Pree     I Pree   I Pree   I Pree   I Signed								erar laws.									
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## Instructions:

Number 1: Print the Full Name(s) (first and last name) of Participant(s) attending the center. If the participant(s) receive Supplemental Security Income (SSI) or Medicaid, please list the number under the appropriate box and Skip to number 5.

Number 2: If the participant(s) live in a 3SquaresVT household or Reach Up, please list the name of the person who receives the benefit and the case number associated with the benefit. Skip to number 5.

Number 3: Print the Full Name(s) (first and last name) of each person living in the household, related or not (such as grandparents, other relatives, or friends).

Number 4: 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 *child support, alimony, or welfare,* list the amount each person got for the month. *Pensions, retirement, Social Security, Supplemental Security Income (SSI), Veterans Benefits (VA benefits), and disability benefits* must be listed for each person who received these benefits. *Any other Income* includes Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household. Do not include income from 3SquaresVT, WIC, Federal Education benefits and foster payments received by the family from the placing agency. For self-employed, under *Gross 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.

Number 5: Adult household member must sign and date the form and list the last four digits of the Social Security number.

**Income Eligibility Guidelines** 

The chart below shows reduced-priced guidelines. Households earning more than the income(s) listed per time period below are Over Income.

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Household Size	Yearly	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	26,973	2,248	1,124	1,038	519
2	36,482	3,041	1,521	1,404	702
3	45,991	3,833	1,917	1,769	885
4	55,500	4,625	2,313	2,135	1,068
5	65,009	5,418	2,709	2,501	1,251
6	74,518	6,210	3,105	2,867	1,434
7	84,027	7,003	3,502	3,232	1,616
8	93,536	7,795	3,898	3,598	1,799
For each additional household member add	9,509	793	397	366	183

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.

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: https://www.usda.gov/sites/default/files/documents/ad-3027.pdf, 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: 1. mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Right 1400 Independence Avenue, SW Washington, D.C. 20250-9410; or 2. fax: (833) 256-1665 or (202) 690-7442; or 3. email: program.intake@usda.gov

This institution is an equal opportunity provider.