

FY 2012-2013 CACFP Meal Benefit Income Eligibility and Enrollment Form

ONE APPLICATION PER HOUSEHOLD

1 Enrolled child or children – Please print each child enrolled in care below.

2 Benefits If your child(ren) receives Food Stamps, FDPIR, or TAFI list the case number below by the child(ren). Skip Parts 3 & 4 and complete Part 5. **EBT or QUEST card # not allowed.**

Child First and Last Name	Age	Birthdate	Circle Meals Normally Received	Circle Normal Days Print Normal Hours of Care	Food Stamp, FDPIR, TAFI Case No. If Applicable
1			Breakfast AM Snack Lunch PM Snack Supper Late Snack	Sun Mon Tue Wed Thu Fri Sat Normal Hrs. _____ to _____	
2			Breakfast AM Snack Lunch PM Snack Supper Late Snack	Sun Mon Tue Wed Thu Fri Sat Normal Hrs. _____ to _____	
3			Breakfast AM Snack Lunch PM Snack Supper Late Snack	Sun Mon Tue Wed Thu Fri Sat Normal Hrs. _____ to _____	
4			Breakfast AM Snack Lunch PM Snack Supper Late Snack	Sun Mon Tue Wed Thu Fri Sat Normal Hrs. _____ to _____	
5			Breakfast AM Snack Lunch PM Snack Supper Late Snack	Sun Mon Tue Wed Thu Fri Sat Normal Hrs. _____ to _____	

3 FOSTER CHILD: Check box if applying for foster child/children. Skip to Part 5 to sign this form.

If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call Your School, Homeless Liaison, or Migrant Coordinator. Homeless Migrant Runaway

4 HOUSEHOLD MEMBERS AND GROSS INCOME: List all members not listed above. If you listed a Food Stamp, TAFI, or FDPIR No. for each child, skip to Part 5.

List the names of everyone in your household except for children listed above (unless they have income). If household member listed below has no income, you must check the NO INCOME box.	NO INCOME	Earnings from Work Before Deductions		Welfare, Child Support, Alimony Received		Pensions, Retirement, Social Security, VA Benefits		All Other Income	
		How much?	How often?	How much?	How often?	How much?	How often?	How much?	How often?
1	<input type="checkbox"/>								
2	<input type="checkbox"/>								
3	<input type="checkbox"/>								
4	<input type="checkbox"/>								

5 Signature and Last Four Digits of Social Security Number (Adult must sign and date)

If on Food Stamps, TAFI or FDPIR, a Social Security number is not required. Just sign and date.
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: _____ Phone Number: _____
Address: _____ City: _____
State: _____ Zip Code: _____

6 RACE/ETHNIC IDENTITY-OPTIONAL

Mark one or more racial identities:

- ASIAN
- WHITE
- BLACK OR AFRICAN AMERICAN
- AMERICAN INDIAN OR ALASKA NATIVE
- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER

Mark one ethnic identity:

- HISPANIC OR LATINO
- NON HISPANIC OR LATINO

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

Privacy Act Statement: 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.

DO NOT WRITE IN BOX BELOW – 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

- FOOD STAMP/TAFI/FDPIR or FOSTER CHILD
- INCOME HOUSEHOLD: Household income: \$ _____ How often _____ Annual Income \$ _____ Household size: _____

APPROVED FOR: Free Reduced Tier 1 (FDCH only) Tier 2 (FDCH only) _____
WITHDRAWAL DATE _____

DENIED:

- Income Over Allowed Amount
- Incomplete/Missing
- Other

Determining Official's Signature: _____ **Date:** _____

Follow-up Official's Signature: _____ **Date:** _____

2012-2013 Idaho Child Care Center Parent/Guardian Letter

Dear Parent or Guardian:

Our 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 and keep your fees low by completing the attached Meal Benefit Income Eligibility and Enrollment Form. Please complete, sign, and return this form today or as soon as possible. **This information will be kept strictly confidential.**

When completing your form, be sure to read the instructions carefully and fill out all required information. In Part 4, 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. 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. In Part 5, an adult household member must sign, date and provide the last four digits of their social security number. After submitting the application, if you or someone in your household becomes unemployed please notify us of the change in income so we may update your form.

Children in households receiving Food Stamp, Food Distribution Program on Indian Reservations (FDPIR), or Temporary Assistance to Families in Idaho (TAFI) are eligible for free meals. Complete the Meal Benefit Income Eligibility form with the following information: Names of the children in household receiving benefits, their case number, the signature of an adult household member, and the date of the signature.

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 wishing to apply for such benefits for foster children should complete Parts 1, 3 and 5 of the form or provide the child care center a letter from the state foster care agency or court certifying the foster child status.

Families applying for benefits that have foster and non-foster children in their household may place the foster children on the family application under Part 4 Household members and 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

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.

If your household income is less than or equal to the income levels below, the center receives more reimbursement for the nutritious meals served to your children without additional charge to you.

Income Eligibility Guidelines Effective Dates July 1, 2012 - June 30, 2013

FEDERAL INCOME CHART			
Effective Dates July 1, 2012 to June 30, 2013			
Household size	Yearly	Monthly	Weekly
1	20,665	1,723	398
2	27,991	2,333	539
3	35,317	2,944	680
4	42,643	3,554	821
5	49,969	4,165	961
6	57,295	4,775	1,102
7	64,621	5,386	1,243
8	71,947	5,996	1,384
Each additional person:	7,326	611	141

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."