

Please Use Ink

INCOME ELIGIBILITY FORM FOR HOME PROVIDERS
JULY 1, 2011 THROUGH JUNE 30, 2012



Provider IEF

Part 1. CHILDREN: List name(s) and birthdate(s) of your children.

Table with columns: Last Name, First Name, Date of Birth

Part 2. FOSTER CHILD (complete a separate application for each foster child): Complete Parts 1, 2 and 4.

If this is a foster child, check this box [] Child's personal income \$ (write "0" if no income)

Part 3A. HOUSEHOLDS RECEIVING BENEFITS FROM THE FOOD ASSISTANCE PROGRAM (formerly food stamps), TEMPORARY ASSISTANCE FOR FAMILIES (TAF), OR FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPIR): Complete Parts 1, 3A and 4.

Food Assistance Program/TAF Case Number FDPIR Number

Part 3B. HOUSEHOLDS EXCEEDING THE INCOME GUIDELINES: Complete Parts 1, 3B and 4.

If your family income exceeds the income guidelines (listed on reverse side), check this box []

Part 3C. ALL OTHER HOUSEHOLDS - If you do not have a Food Assistance Program, TAF or FDPIR case number: Complete Parts 1, 3C and 4.

Table with columns: List the Names of All Household Members not listed in Part 1, Earnings from Work, Welfare, Child Support, Alimony, Pensions, Retirement, Social Security, All Other Income, Check If ZERO income

Social Security Number of Household Member who signs form:

Social Security Number last 4 digits: If you do not have a Social Security Number, check this box []

Privacy Act Statement: Section 9 of the National School Lunch Act requires that, unless your children's food stamps, FDPIR or TAF case number is provided, you must include the social security number of the household member signing the form or indicate that the household member signing the form does not have a social security number.

Part 4. SIGNATURE AND CONTACT INFORMATION:

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 sponsor officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

Print Name, Street, Apartment No., City, State, Zip Code, Home Telephone, Work Telephone, Employer(s)

Signature of Parent or Guardian Date

For Sponsor Use Only

APPLICATION IS FOR: [] PROVIDER TIER I ELIGIBILITY (verification of income required) [] PROVIDER'S OWN CHILD(REN) ELIGIBILITY

[] FOOD ASSISTANCE PROGRAM/TAF/FDPIR OR [] FOSTER CHILD [] HOUSEHOLD INCOME: HOUSEHOLD SIZE: VERIFIED AMOUNT:

Temporarily Approved Until: Re-determined as temporary on:

Determined: [] Eligible [] Not Eligible Signature of Sponsor's Official: Determination Date: Effective Date Expiration Date:

(add sponsoring organization name and/or letterhead here)

Dear Provider:

This letter pertains to you if you wish to establish income eligibility as a Tier I home in the U.S. Department of Agriculture's Child and Adult Care Food Program (CACFP) or if you wish to receive reimbursement for meals served to your own child(ren).

Eligibility as a Tier I Home - The CACFP has a two-tiered reimbursement structure. To qualify for the higher Tier I reimbursement rates for meals served to children enrolled in your day care, you must either be 1) located in a low-income area as determined by school boundary information or census data or 2) qualify as a Tier I home based on income eligibility guidelines or receipt of benefits from the Food Assistance Program (formerly Food Stamps), Temporary Assistance to Families (TAF) or Federal Distribution Program on Indian Reservations (FDPIR). If you qualify as a Tier I home because your home is located in a low-income area, you do not have to complete this form unless you want to claim meals served to your own child(ren).

Eligibility for Meals Served to Your Own Child - You must complete this form if you wish to claim CACFP meals served to your own child(ren). If you qualify, you may claim meals served to your own child(ren). (Certain restrictions apply.)

Part 1 CHILDREN:

- Complete this part for each of your own children enrolled for care, listing their last and first names and dates of birth

Part 2 FOR A FOSTER CHILD:

- Complete Parts 1, 2 and 4 on the reverse side.
- Write the child's personal monthly income. Write "0" if the child has no income. Personal income is (a) money given for the child's personal use, such as clothing, school fees and allowances and (b) all other money the child gets, such as money from his/her family.

Part 3A FOR A HOUSEHOLD RECEIVING BENEFITS FROM THE FOOD ASSISTANCE PROGRAM (formerly food stamps), TEMPORARY ASSISTANCE FOR FAMILIES (TAF), OR FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPIR):

- Complete Parts 1, 3A and 4 on the reverse side.

Part 3B FOR A HOUSEHOLD EXCEEDING THE INCOME GUIDELINES LISTED BELOW:

- Complete Parts 1, 3B and 4 on the reverse side.

TO CALCULATE ANNUAL INCOME

Weekly Income X 52 • Every 2 Weeks Income X 26 • Twice a Month Income X 24 • Monthly Income X 12

Household Size:	1	2	3	4	5	6	7	Each Additional Family Member
Annual Income:	\$20,147	\$27,214	\$34,281	\$41,348	\$48,415	\$55,482	\$62,549	+ \$7,067

Part 3C FOR ALL OTHER HOUSEHOLDS:

- Complete Parts 1, 3C and 4 on the reverse side using the additional information below.
- **HOUSEHOLD NAMES:** Write the names of everyone in your household not listed in Part 1. Include yourself and all other children, your spouse, grandparents, other relatives and unrelated people in your household. Use a separate sheet of paper if you do not have enough space.
- **GROSS INCOME BEFORE DEDUCTIONS:** Write the amount of income each person gets on the same line as their name. Use the appropriate column(s) such as Earnings, Welfare, Pensions or Other. Next to the amount of income write how often the income was received. Income is all money before taxes or anything else is taken out. If a person does not have income, check the box for zero income.
- **SOCIAL SECURITY NUMBER:** Write social security number of the adult household member who signs the forms. If the adult household member does not have a social security number, check the box. Use of this information is for CACFP use only and is required.

INCOME TO REPORT:

Earnings from Work

Wages/salaries/tips
Net income from self-owned business or farm

Welfare/Child Support/Alimony

Public assistance payments
Welfare payments
Alimony/child support payments

Pensions/Retirement/Soc. Sec.

Pensions/retirement income
Social Security
Veteran payments
Supplemental Social Security Income

Temporary Income

Strike benefits
Unemployment compensation
Worker's Compensation

Other Income

Disability benefits
Interest/dividends
Cash withdrawn from savings
Income from estates/trusts/investments
Royalties/annuities/rental income
Regular contributions from persons not living in the household

Income from Self-Employment - Self-employed persons may use income tax records for the preceding calendar year as a base to project the current year's net income. Report income derived from the business venture, less operating costs incurred in the generation of that income. Deductions for personal expenses such as interest on home payments, medical expenses, and other similar non-business deductions are not allowed in reducing gross business income.

Additional income from other kinds of employment must be treated as separate and apart from the income generated from your business venture. For example, if you operated a business at a net loss but held additional employment for which a salary was received, the income for purposes of this application would be the income from the salary only. The loss from the business cannot be deducted from a positive income earned in other employment. For purposes of this application, it is not possible to report a negative income from any business venture. The least income possible is zero (no income).

The necessary and appropriate information for arriving at allowable income may be taken from your most recent U.S. Individual Tax Return – Form 1040.

Part 4 SIGNATURE AND CONTACT INFORMATION:

- Sign and date the application.
- Complete the contact information – name, telephone number, address, and employer information.