Household Income Eligibility Statement - Child Care Institutions

If any member of	f your hou	sehold	receives	FAP, F	IP, or FDPIR, provi	de th	ne n	am	ie a	nd	case numb	er for t	the	pe	rson	who	receives the ber	efi	ts.				
Name:Case Number:																							
Part 2 – Household Information How Often? (x)												How Often? (x)							How Often? (x)				
First and Last Names of All Household Members, Related and Unrelated	Enrolled for Child Care (x)	Age	Birth Date	Foster Child (x)	Amount of Earnings fror Work (before deductions)	A n n u a I I	n t h	2 X M o n t	e k	e e k	Amount of We Child Suppor Alimony	rt, or	A n n u a l l y	M o n t h I y	2 x 1 x 1 x 1 x 1 x x	W e k l k y	Amount of All Other Income (Indicate source and amount)	A n u a I I y	n t h I	2 X M o n t h	B I W e k I y	e Mark if k No I Income y (x)	
						_										_							
						+										+		+					
						+							_					_				_	
						+												+					
Part 3 – All Households: S I certify that all information or give. I understand that CACFP and I may be prosecuted.	n this form	is true a	and that a	Il income	e is reported. I unde	rstan	d th	at t	he c	en	ter or day ca	are hom	ie w	vill r	ecei	e fe	deral funds based o						
Signature:	ture:Print Name:Dat										Date:												
Last four dig	jits of Socia	al Secur	ity Numbe	er: XX	X-XX	_					I do n	not have	e a	Soc	ial S	ecuri	ty Number						
For Institution Use Only:																							
					For In	stituti	ion l	Use	Onl	ly													
Total Household Members:			Total Income: \$			Annually Monthly 2x Month			_	Bi W	-Weekly eekly	APPROVED CATEGORY Categorical Eligibility (A/Free): Foster FIP FAP FDPIR Other Household Children: A (Free) B (Reduced) C (Paid)											
Institution Official Signatures			Approval Date:									Otner I	ног	usen	ioid (_niidi	ren: A (Free) B (Ked	iuce	a)	C (raid)	

This form is valid for 12 months from the date of institution signature. Approval date and institution signature are required.

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 Food Assistance Program (FAP), Family Independence Program (FIP), 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.

Non-Discrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at 800-877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the <u>USDA Program Discrimination Complaint Form</u>, (AD-3027) (http://www.ascr.usda.gov/complaint_filing_cust.html) online, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call 866-632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: 202-690-7442; or (3) email: <u>program.intake@usda.gov</u>. This institution is an equal opportunity provider.

