

**CACFP ELIGIBILITY APPLICATION - FAMILY DAY CARE HOMES
PROVIDER'S INCOME and PROVIDER'S OWN CHILDREN**

PART IA: Provider's Name:

PART IB : Complete this part if you are claiming your own children.

Child's Name:

Last _____ First _____ M.I. _____ Date of Birth _____

Child's Name:

Last _____ First _____ M.I. _____ Date of Birth _____

PART 2A - HOUSEHOLD NOW GETTING FOOD STAMPS, TANF, or FDPIR, BENEFITS: Complete this part and sign the statement in PART 3 - DO NOT complete PART 2B. If a child or a child's parent is participating in or subsidized under these Federally or State supported child care or other benefit program with an income eligibility standard for free or reduced price meals, meals served to the child are automatically eligible for tier I reimbursement, subject to the completion of the application.

Food stamp case #: _____ TANF identification #: _____

FDPIR identification #: _____
(Food Distribution Program on Indian Reservations)

PART 2B - ALL OTHER HOUSEHOLD MEMBERS: If you did not complete PART 2A, complete this PART and PART 3.

NAMES		CURRENT INCOME/FREQUENCY - (Last Month)		
Names of All Household Members	Earnings from Work (Before Deductions) Job 1	Welfare, Child Support, Alimony	Payments from Pensions, Retirement, Social Security	Earnings from Job 2 or any Other Income

PART 2C - FOSTER CHILD: Complete this PART and PART 3. If this is a foster child check here () and write the child's income and how often it is received here: \$ /

PART 3 - 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 institution officials may verify the information on the application and that deliberate misrepresentation of the information on the application may subject me to prosecution under applicable state and federal laws.

Signature of DCH Provider: _____ Social Security #: _____ - _____ - _____

Printed name of DCH Provider: _____ Date Signed: _____

Home Address _____ Zip Code _____ Home Telephone _____ Work Telephone _____

PART 4 - RACE OF PARTICIPANT: You are NOT required to answer this question.

- White Black or African American American Indian or Alaskan Native
 Asian Native Hawaiian or Other Pacific Islander

ETHNIC IDENTITY: You are NOT required to answer this question.

- Hispanic or Latino Not Hispanic or Latino

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f Rss you include your child's case number for the Food Stamp Program, the Food Distribution Program on Indian Reservations (or other identifier for the Food Distribution Program on Indian Reservations) or the Temporary Assistance for Needy Families Program, you must include the social security number of the adult household member signing the application or indicate that the household member does not have a social security number. This is required by section 9 of the National School Lunch Act. The social security number is not mandatory, but the application cannot be approved if a social security number is not given or an indication is not made that the signer does not have a social security number. The social security number will be used in the administration and enforcement of the program.

For Sponsoring Organization Use Only: Verification of Food Stamp, TANF or FDPIR household categorically eligible for program benefits:

() YES () NO

MONTHLY INCOME CONVERSION: WEEKLY X 4.33 EVERY 2 WEEKS X 2.15 TWICE A MONTH X 2

Total family income: _____ Family size: _____

Tier I _____ Eligible:

Tier II _____ Not Eligible:

For state use only: Verified by: _____ Date: _____ Verified classification: <input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Denied Reason for change in classification: _____

Sponsor Signature: _____ Date: _____

Dear Day Care Home Provider:

You are participating in the Child and Adult Care Food Program (CACFP) funded by the U.S. Department of Agriculture and administered by the North Carolina Department of Health and Human Services. Please help us comply with the CACFP requirements by completing, signing and returning the attached income statement as soon as possible to your sponsor. This information is necessary so that you may be paid for the meals served to the children in your care. All children in our program receive their meals free of charge, but the income eligibility category determines the amount of funding you will receive. The information you provide on this form will be confidential and will **NOT** be shared with anyone else without your permission.

Complete the application as follows:

- **PROVIDER'S NAME:** Insert your name.
- **CHILDREN:** Complete Part 1B if you are claiming your own children.
- **FOOD STAMPS, TANF/WORK FIRST, FDPIR:** If a household member is currently receiving benefits from any of these programs, provide the program case/identification number as requested. Do not complete Part 2B.
- **HOUSEHOLD MEMBERS:** Complete Part 2B if you do not complete Part 2A. List household members, the name of the enrolled child(ren), and any other dependent children who live in the household.
- **CURRENT INCOME:** List the amount of income each person earned **last** month (**BEFORE**) deductions for taxes, social security, etc.), the frequency of income, and where it is from, such as wages, retirement, or welfare. If any household member's income last month was higher or lower than usual, list that person's usual average monthly income.
- **SIGNATURE:** An adult household member must sign the income eligibility application.
- **SOCIAL SECURITY NUMBER:** List the social security number of the adult who signs the income eligibility statement. If that adult does not have a social security number, print "None."

EFFECTIVE JULY 1, 2007 - JUNE 30, 2008
REDUCED GUIDELINES

HOUSEHOLD SIZE	YEARLY	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY
1	18,889	1,575	788	727	364
2	25,327	2,111	1,056	975	488
3	31,765	2,648	1,324	1,222	611
4	38,203	3,184	1,592	1,470	735
5	44,641	3,721	1,861	1,717	859
6	51,079	4,257	2,129	1,965	963
7	57,517	4,794	2,397	2,213	1,107
8	63,955	5,330	2,665	2,460	1,230
For each Household member add:	+6,438	+537	+269	+248	+124

You may submit a program eligibility application any time during the fiscal year. If you aren't eligible now but have an increase in household size, become unemployed or have a decrease in income causes your household's total income to be within the eligibility standards on the chart above, you may reapply for program benefits. The information on the application may be verified by the institution's eligibility official at any time during the fiscal year.

In accordance with the Reauthorization Act, households are no longer required to report changes in circumstances, such as an increase in income (currently \$50 per month, or \$600 annually), a decrease in household size or when the household is no longer certified eligible for food stamps or Temporary Assistance for Needy Families. Therefore, once properly approved for free or reduced price benefits, a household will remain eligible for those benefits for a period not to exceed 12 months. 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 Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

There is now an affordable health insurance program for children, Health Choice, offered by the State of North Carolina. Health Choice is a comprehensive health plan which covers both hospitalization and outpatient care, including preventive dental, vision, and hearing benefits. This new health plan is intended for children whose parents' income is too high to qualify for Health Check, the state Medicaid program. Applications for Health Choice will be available beginning in October 1998. You may pick up applications from your local health or county social services departments. Get more information on either Health Choice or Health Check by calling this toll free phone number: (800) 367-2229.

**CACFP ELIGIBILITY APPLICATION INSTRUCTIONS
FAMILY DAY CARE HOMES**

Please complete the Child and Adult Care Food Program Eligibility Application using the instructions below. Sign the statement and return it to the sponsoring organization listed below. Call the organization if you need help: #

PART 1A: PROVIDER INFORMATION: Complete this part.

- (1) Print the name of the Day Care Home provider.

PART IB : Complete this part if you are claiming your own children.

**PART 2A : HOUSEHOLD GETTING FOOD STAMPS, TANF, or FDPIR BENEFITS:
Complete this PART and PART 3.**

- (1) List your current food stamp, TANF, or FDPIR case number. Do not complete Part 2B.
(2) An adult household member must sign the statement in PART 3.

PART 2B : HOUSEHOLD INCOME: Complete this PART and PART 3

- (1) List the names of household members.
(2) Write the amount of income (the amount before taxes or anything else is taken out), the frequency of income (i.e., weekly, every two weeks, twice a month, or monthly) received **last month** for each household member, and where it came from, such as earnings, welfare, pensions, and other income (refer to examples below for types of income to report). If any amount last month was more or less than usual, write the person's usual income.
(3) An adult household member must sign this income eligibility statement and give his/her social security number in PART 3.

PART 3 - SIGNATURE AND SOCIAL SECURITY NUMBER: All households complete this PART.

- (1) All eligibility statements must have the signature of an adult household member;
(2) The adult household member who signs the statement must include his/her social security number. If he/she does not have a social security number, write "none". If you listed a food stamp, TANF, or FDPIR number a social security number is not needed.

PART 4 - RACIAL/ETHNIC IDENTITY: Complete the Racial/Ethnic identity question if you wish.

You are not required to answer this question to get meal benefits. However, this information will help ensure that everyone is treated fairly.

INCOME TO REPORT

Earnings from Employment

Wages/salaries/tips
Strike benefits
Unemployment compensation
Worker's compensation
Net income from self-owned business or farm

Welfare/Child Support/Alimony

Public assistance payments
Welfare payments
Alimony/Child support payments

Foster Child's Income

ONLY funds from welfare agency identified by category for personal use of child (clothing, school fees, etc.), funds from child's family for personal use and earnings from other than occasional or part-time employment. DO NOT COUNT funds from welfare agency for shelter, care, etc.

Pensions/Retirement/Social Security

Pensions
Supplemental security income
Retirement income
Veteran's payments
Social security

Military Households

All cash income, including military housing/uniform allowances. Does not include "in-kind" benefits NOT paid in cash (base housing, clothing, food, medical care, etc.)

Other Income

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

Name and Address of Sponsoring Organization