

CACFP Children's Household Income Eligibility Form (CHIEF) for 2018-2019

Provider's Name _____



Meals for children in Foster care or Head Start and children who meet the definition of Homeless, Migrant or Runaway are eligible for the higher reimbursement rate. Additional documentation is required to verify their eligibility status. Flip the page for more info.

Child's First Name	Age	Child's Last Name	Check all that apply				
			Foster Child	Migrant	Runaway	Homeless	Head Start
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STEP 2 Do any household members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR?

IF NO -> Go to STEP 3 IF YES -> Write case number here and proceed to STEP 4 (Do not complete STEP 3)

CASE NUMBER: _____

Write only one case number in this space.

STEP 3 Report Income for ALL Household Members (Skip this step if you answered "Yes" to STEP 2) Household Member: Anyone who is living with you and shares income and expenses, even if not related.

Are you unsure what income to include here? Flip the page and review the charts titled "Sources of Income" for more information.

A. Child Income
Sometimes children in the household earn or receive income. Please include the TOTAL income received by all children in day care listed in STEP 1 here.
Child Income \$ _____
How often? Weekly Bi-Weekly Monthly Bi-Monthly

B. All Adult Household Members (Including yourself)
List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work	How often?		Welfare/Child Support/Alimony	How often?		Pensions/Retirement/Social Security/SSI/VA Benefits	How often?	
		Weekly	Bi-Weekly		Monthly	Zx-Month		Weekly	Bi-Weekly
	\$ _____	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>
	\$ _____	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>
	\$ _____	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>
	\$ _____	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>
	\$ _____	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>
Total Household Members (Children and Adults)									

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or other Adult Household Member: X X X X

Check if no SSN

STEP 4 Contact information and adult signature

"I certify (promise) all information on this application is true and that all income is reported. I understand this information is given in connection with the receipt of Federal funds, and that CACFP officials may verify (check) the information. I am aware that if I purposely give false information, the provider may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Print Name of Adult Signing the Form _____ Signature of Adult _____ Today's Date _____

Address _____ City _____ State _____ Zip _____ Phone/Email _____

Source of Income for Children	
Sources of Child Income	Examples
Earnings from work	<ul style="list-style-type: none"> A child has a regular full or part-time job where they earn a salary or wages
Social Security - Disability Payments - Survivor's Benefits	<ul style="list-style-type: none"> A child is blind or disabled and receives Social Security benefits A parent is disabled, retired, or deceased, and their child receives Social Security benefits
Income from person outside of household	<ul style="list-style-type: none"> A friend or extended family member regularly gives a child spending money
Income from any other source	<ul style="list-style-type: none"> A child receives regular income from a private pension fund, annuity or trust

Source of Income for Adults		
Earnings from Work	Public Assistance/Alimony/Child Support	Pensions/Retirement/All other sources of income
<ul style="list-style-type: none"> Gross salary, wages, cash bonuses Net income from self-employment (farm or business) If you are in the U.S. Military: <ul style="list-style-type: none"> Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) Allowances for off-base housing, food and clothing 	<ul style="list-style-type: none"> Unemployment benefits Workers compensation Supplemental Security Income (SSI) Cash assistance from State or local government Alimony payments Child support payments Veterans benefits Strike benefits 	<ul style="list-style-type: none"> Social Security (including railroad retirement and black lung benefits) Private Pensions or disability benefits Income from trusts or estates Annuities Investment income Earned interest Rental income Regular cash payments from outside household

The following documentation is required for automatic eligibility:

- Foster Child:** Documentation from the placement agency verifying the child is a foster child.
- Head Start:** One of the following documents from the Head Start program:
 - An approved Head Start or Even Start application or a statement of Head Start or Even Start enrollment.
 - A list of participants from the Even Start or Head Start official.
 - Documentation from the Even Start official that confirms the child has not entered kindergarten.
- Homeless, Migrant, or Runaway Child:** Documentation verifying the status of a homeless, migrant or runaway child from the director of the homeless shelter, Migrant Education Program Coordinator or an official of the Runaway and Homeless Youth program.

FDCH Sponsor Staff Use Only

Provider Name: _____

Sponsor Name: _____

Address: _____

Phone: _____

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DO NOT FILL OUT For FDCH Sponsor staff use only

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12. This form expires 12 months after the month in which the Sponsor makes the determination.

Total Income _____ **How often?** Weekly Bi-weekly Monthly 2x Month

Household size _____ **Categorical Eligibility**

Determining Official's Signature _____ **Month/Year** _____ **Confirming Official's Signature** _____ **Date** _____ **Expiration Date (Month/Year)** _____

Revised 3/18



Children's Household Income Eligibility Form Letter

Dear Parent or Guardian,

Congratulations! You have chosen a childcare provider that participates in the **Child and Adult Care Food Program (CACFP)** with our sponsorship. Participating in the CACFP means that the provider cares about good nutrition for children, will introduce and serve a variety of nutritious foods for your child to eat, and will serve foods appropriate for your child's nutritional needs. The provider you have chosen cannot charge a separate fee for meals, nor ask you to provide food for your child for meals claimed for reimbursement from the CACFP, except in some special cases. Depending upon the hours in care, your provider will be serving your child breakfast, morning snack, lunch, afternoon snack, supper, and/or late snack.

If your household income is less than or the same as the amounts listed for your household size on the chart below, completing this form will allow your childcare provider to receive more meal reimbursement from the CACFP to help provide the best meals possible for your children while they are in care. **You are not required to complete this form in order for your children to receive the benefits of the CACFP.**

Household Income Chart Effective July 1, 2018 through June 30, 2019					
Household Size	Yearly Income	Monthly Income	Household Size	Yearly Income	Monthly Income
1	\$ 22,459	1,872	5	\$ 54,427	4,536
2	30,451	2,538	6	62,419	5,202
3	38,443	3,204	7	70,411	5,868
4	46,435	3,870	8	78,403	6,534
For each additional family member add:				+ 7,992	+666

If you choose to complete this form, you can either return the form directly to the Sponsor at the address indicated on the front of the form; or return the form to the provider by signing the written consent at the bottom of this page, allowing the provider to collect the form and transmit it to the Sponsor on your household's behalf.

Please carefully fill out each section of this form and complete, sign, and return this form to the sponsoring organization or to your child care provider as soon as possible. The form cannot be used if any information is incomplete. Income reporting is confidential and will not be used elsewhere.

If a member of your household is currently receiving benefits under the Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP) formerly known as Food Stamps, or the Food Distribution Program on Indian Reservations (FDPIR), income reporting in Part 3 and the disclosure of the last 4 digits of the Social Security Number (SSN) in Part 4 is not required. Please note, the Quest Card or Social Security number is not acceptable as the case number for the Food Stamp (SNAP), TANF, or the FDPIR.

A foster child is automatically eligible for Tier I meal reimbursement and may be certified without an application, if there is documentation from an appropriate State or local agency indicating the status of the child to be a foster child whose care and placement is the responsibility of the State or who is placed by a court with a caretaker household. To ease the application process and to help children of the foster family qualify for Tier I meal reimbursement based on the household size and income, the foster parents are able to include foster and non-foster children on the same household application. When listing household income in Section #3, please include any income earned by the foster child. Foster payments received by the family for the placement of a foster child are not considered income to the family and do not need to be reported.

If you checked School Lunch, please attach a letter from the school stating eligibility for free or reduced lunches. If you checked Head Start, please attach a letter from the Program stating that your child is income eligible for Head Start. You may skip Section 3; however, please complete Sections 1, 4, and 5.

If no member of your household receives benefits TANF, SNAP or FDPIR, or if your child (ren) is (are) not enrolled in any of the other Automatic Qualifying Programs listed in Section 2 or is not the beneficiary of the Other Source Categorical Eligibility programs, please list your household's total gross income from the current month, which is the income received by the household in the month prior to the application, in Section 3 of this form. The U.S. Department of Agriculture, which funds this program, defines a household as a group of related or unrelated individuals who are living as one economic unit and who share housing and all significant income and expenses.

If no member of your household receives benefits from TANF, SNAP formerly known as Food Stamps, or FDPIR, you must provide the last 4 digits of the Social Security Number (SSN) according to regulation, the disclosure of the last four digits of the Social Security Number is voluntary; however, the last 4 digits of the Social Security Number, or an indication of "none", are required for the approval of this form. If the adult household member completing this form does not have a Social Security Number, the household member must check the box provided.

If any the children living in the household are beneficiaries of the Other Source Categorical Eligible programs (Foster, enrolled in Head Start/Early Head Start or Even Start Program, Homeless, Migrant or Runaway), the children are eligible for free meals and there is no need to complete an application, just mark the box next to the program that applies. The institution collecting the form will need to verify the child's participation in the program by requesting documentation from the placement office if the child is a foster child; from the Even Start or Head Start official if the child or the pregnant mother is enrolled in Even Start, Head Start or Early Head Start participant; and from the Migrant, Homeless or Runaway program officials, if the child is a migrant, homeless or runaway child. For Even Start, documentation from the Even Start official confirming that the child has not yet entered Kindergarten.

Consent section:		
_____	Signature _____	Date _____
(Name of the adult household member completing the form)		
Please check one that applies:		
<input type="checkbox"/> Will be returning the form directly to the Sponsor at the address indicated on the front of the form.		
<input type="checkbox"/> Authorize my day care home provider to collect the CHIEF form and transmit it to the Sponsor on my household's behalf.		

2018-2019

USDA Nondiscrimination 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 USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, 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: program.intake@usda.gov.

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