

STEP 1: List ALL children enrolled at this day care program

Children in Foster care or Head Start and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Addition documentation is required to verify their eligibility status. Review the Dear Parent Letter for more details. If more than three children, please complete an additional form.

Child's First Name	Child's Last Name	Age	Check all that apply				
			Foster Child	Migrant	Runaway	Homeless	Head Start

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

IF YES → Write the case number here & proceed to STEP 4 (Do not complete STEP 3) **CASE NUMBER:** _____ (Write only one case number in this space.)

IF NO → Go to STEP 3

STEP 3: Report Income for ALL Household Members (Skip this step if you answered 'Yes' to Step 2)

I do not wish to disclose income and understand the center will lose potential reimbursement for meals served to my child as a result.

Flip the page for details on sources of income for child income and Household Members.

A. Child Income

Sometimes children in the household earn or receive income.

Please include the TOTAL income received by any children listed in STEP 1.

Child Income:		Circle one:			
		Yearly	Monthly	Bi-weekly	Weekly

B. All other Household Members (including yourself)

List other household members not listed in STEP 1 (including yourself and any children not listed above or enrolled in this day care) even if they do not receive income. For each household member listed, if they do not receive income, report total gross income (before taxes) for each source in whole dollars (no cents). If they do not receive income from any source, write '0'. If you enter '0', you are certifying that there is no income to report.

Name of other Household Members (First and Last Names)	Earnings from Work	How Often?	Welfare/ Child Support/ Alimony	How Often?	Pensions/ Retirement/ Social Security/SSI/VA Benefits	How Often?
		Yearly (Y) Monthly (M) Bi-Weekly (B) Weekly (W)		Yearly (Y) Monthly (M) Bi-Weekly (B) Weekly (W)		Yearly (Y) Monthly (M) Bi-Weekly (B) Weekly (W)
	\$		\$		\$	
	\$		\$		\$	
	\$		\$		\$	
Total household Members (Children and Adults)		Last Four Digits of Social Security Number (SSN) of primary wage earner or other adult household member.			XXX-XX-	Check if no SSN

STEP 4: Contact Information and Adult Signature

"I certify that 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 that information. I am aware that if I purposely give false information, the participant/center 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 _____

2019-2020 Income Eligibility Form (IEF) for Child Care

Source of Income for Children	
Sources of Child Income	Examples
Earnings from work	A child has a regular full or part-time job where they earn a salary or wages.
Social Security <ul style="list-style-type: none"> • Disability Payments • Survivors Benefits 	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	A friend or extended family member regularly gives a child spending money.
Income from any other source	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
Salary, wages or cash bonuses Net income from self-employment (farm or business) If you are in the U.S. Military Basic pay and cash bonuses (DO NOT include combat pay, FSSA or privatized housing allowances) Allowances for off-base housing, food and clothing	Unemployment benefits Workers compensation Supplemental Security Income (SSI) Cash assistance from State or local government Alimony payments Child support payments Veterans benefits Strike benefits	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

STEP 5: Children's Ethnic and Racial Identities

We are required to ask for information about your children's race and ethnicity. Responding to this section is optional and does not affect your children's eligibility for receiving meals during care. Check all boxes that apply to the child(ren) in your care. If this information is left blank, the institution MUST complete it based on visual identification.

Ethnicity: Hispanic or Latino Not Hispanic or Latino

Race: White (Includes Hispanic and Latino) Black or African American Asian Native Hawaiian or Other Pacific Islander American Indian or Alaskan Native

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DO NOT FILL OUT: For center staff use only

Annual Income Conversion: Weekly x 52, Biweekly x 26, Monthly x 12

Total Income	\$	How Often? (Circle One)	Yearly	Monthly	Household size:	Eligibility	Free	Reduced	Paid
			Bi-Weekly	Weekly					

Determining Official's Signature

Month/Year

Expiration Date* (Month/Year)

Today's Date

*This form expires 12 months after the month in which the institution makes the determination

Example: If the determination is July 2019, the form is valid from July 1, 2019 through July 31, 2020. The institution may use the date the participant/guardian signs the Income Eligibility Form OR the date the institution's official make the determination and signs the Income Eligibility Form.

The institution may use the date the parent/guardian signs the IEF OR the date the institution's official makes the determination and signs the IEF. The same approval method selected must be used for all forms approved by the institution.