



Children's Household Income Eligibility Form (CHIEF) for 2020-2021

Provider's Name _____

STEP 1: List ALL children in day care

Children in Foster care or Head Start and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals and require additional documentation to verify their eligibility status. Review the Dear Parent Letter for more details.

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 FDPIR?

IF YES → Write the case number here and 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)

Flip the page for information 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.

B. All other Household Members (including yourself)

List other household members not listed in STEP 1 (including yourself) even if they do not receive income. For each household member listed, 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 that 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

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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
<ul style="list-style-type: none"> 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 	<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 Sponsor staff use only

Annual Income Conversion: Weekly x 52, Biweekly x 26, Twice a month x 24, Monthly x 12

Total Annual Income	\$ <input type="text"/>	Household size:	<input type="text"/>	Eligibility	<table border="1"> <tr> <th>Tier I</th> <th>Tier II</th> <th>Categorically Eligible</th> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	Tier I	Tier II	Categorically Eligible	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier I	Tier II	Categorically Eligible									
<input type="text"/>	<input type="text"/>	<input type="text"/>									

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