

## CHILD AND ADULT CARE FOOD PROGRAM FY 2020-2021 Provider Income Eligibility Form (IEF) For Family Day Care Home Sponsors

(A) Names and ages of children in your household for whom application is made

Name	Age
_____	_____
_____	_____
_____	_____

- Supplemental Nutrition Assistance Program (SNAP)\*, previously known as Food Stamp
- Temporary Assistance for Needy Families (TANF)
- Food Distribution Program on Indian Reservations (FDPIR)\*

Case Number: \_\_\_\_\_

Case Number: \_\_\_\_\_

Case Number: \_\_\_\_\_

*\*If any member of the household receives benefits under SNAP (Food Stamps), TANF, or Food Distribution Program on Indian Reservations (FDPIR) complete sections (A) & (E) ONLY. A Quest card or a Social Security Number is not an accepted number for SNAP, TANF, or FDPIR. Please see the instructions.*

Other Source Categorically Eligible programs allow automatic eligibility at the Free rate in the CACFP when the institution obtains documentation from the corresponding agency and verifies children are enrolled in one of the programs listed below. If applicable, please check one of the boxes.

- One or more child listed above is a foster child who is the responsibility of the State or was placed by the court. The sponsor must obtain documentation from the placement agency verifying the child is a foster child.
- One or more child listed above is an Even Start, Early Head Start (EHS), or Head Start enrolled child or pregnant mother (enrolled in EHA), who is categorically eligible for free meals and therefore is not required to complete an IEF. However, one of the following documents from the Head Start program must be on file: 1) An approved Head Start or Even Start application; 2) A statement of Head Start or Even Start enrollment; or 3) A list of participants from the Even Start or Head Start official listing the Even Start, Early Head Start or Head Start child's or pregnant mother's name. 4) For the Even Start documentation from the Even Start official that confirms the child has not entered Kindergarten.
- If one or more child listed above is a homeless, migrant, or runaway child, the sponsor must obtain documentation verifying the status of the child from the director of the homeless shelter, Migrant Education Program Coordinator, or an official of the Runaway and Homeless Youth program.

**(B) Net Child Care Income**

**Child Care Expenses:**

Business costs (auto, building, utility and other expenses, etc.)	\$	_____	.00
Cost of food for day care children (less own children)	+	_____	.00
<b>TOTAL CHILD CARE EXPENSES</b>	=	\$	_____

**CHILD CARE INCOME:**

Gross day care fees (money from parents of day care children)*	\$	_____	.00
CACFP reimbursement (less own children)*	+	_____	.00
<b>TOTAL CHILD CARE INCOME</b>	=	\$	_____
<b>TOTAL CHILD CARE EXPENSES</b>	-	\$	_____
<b>NET CHILD CARE INCOME</b>	=	\$	_____

*\*If less than zero, count as zero*

Weekly     Monthly     Annually

Number of children in your care: \_\_\_\_\_

Part-time: \_\_\_\_\_ Full-time: \_\_\_\_\_

**(C) Total Household Income for MONTH OR YEAR**

Household Members not listed in (A) (Provider)	Gross Salary and Wages	All Other Income	To be completed by Sponsor
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
		Total*	\$

TOTAL NUMBER IN HOUSEHOLD: \_\_\_\_\_  
(Include children from section (A) in this number.)

**(D) SOCIAL SECURITY NUMBER**

X	X	X	-	X	X	-			
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If the adult household member completing this form does not provide a SNAP, TANF, or FDPIR number in Section A, the person completing this form must provide the last 4 digits of their Social Security Number (SSN).

Check this box if the adult household member signing this form does not have a Social Security Number.

**(E) SIGNATURE:** I certify that all of the information in this form is true and correct. I understand that this information is being given in connection with the receipt of Federal funds. Sponsor officials may request documentation, and deliberate misrepresentation may be subject to prosecution under applicable State and Federal Criminal Statutes.

Signature of Provider or Adult Household Member \_\_\_\_\_ Date \_\_\_\_\_ Address \_\_\_\_\_

Printed Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ Telephone Number \_\_\_\_\_

**(F) FOR SPONSOR USE ONLY**

- Eligible based on area for Tier I rate for all enrolled child care children. Provider is income eligible and may claim own children at Tier I rates (no documentation necessary).
- Eligible based on income for Tier I rate for all enrolled child care children. Provider is income eligible and may claim own children at Tier I rates (documentation on file).
- Ineligible

Signature of Sponsor's Authorized Representative: \_\_\_\_\_

Date: 

Month	Year

This form expires 12 months after the month in which it is received and approved by the Sponsor.

Example: If the determination date is July 2020, the form is valid from July 1, 2020 through July 31, 2021. The Sponsor may use the date the provider signs the income eligibility form OR the date the Sponsor's official makes the determination, and signs and dates the income eligibility form. The same approval method selected must be used for all forms approved by the Sponsor.

## USDA Nondiscrimination Statement

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