



Children's Household Income Eligibility Form (CHIEF) for 2022-2023

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. Review the Dear Parent letter for 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 _____



Children's Household Income Eligibility Form (CHIEF) for 2022-2023

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:

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.

FCCH Sponsor Staff Use Only	
Provider Name	
Sponsor Name	
Address	
Phone	

Nondiscrimination Statement

Revised May 2022

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at 202-720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at 800-877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained [online](#), from any USDA office, by calling 866-632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: Mail: US Department of Agriculture Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; or fax: (833) 256-1665 or (202) 690-7442; or email: program.intake@usda.gov This institution is an equal opportunity provider.

For FCCH 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.

Revised 04/2022