

Provider Income Application to Claim Tier I

Wildwood CACFP Inc.

Section 1: Provider# _____ Provider Name _____
Last First

Provider's own children:

Child's Name _____ Birth date ____/____/____

Child's Name _____ Birth date ____/____/____

Child's Name _____ Birth date ____/____/____

If you have Foster children, please also complete Section J.

Section 2A: For Households receiving any of the following programs: Complete this Section and Section 2C and Sections 4 and 5. No need to complete Section 28. You must send verification of participation in these programs.

SNAP (Food stamp) case number _____ dates valid _____ POWER _____ case
 number _____ dates valid _____
 FDPIR case number: _____ dates valid _____

If you listed a SNAP, POWER or FDPIR case number above, go directly to Section 2C.

Section 2B: All other Households: If Section 2A does not apply to you, complete this Section, Section 2C and Sections 4 and 5.

List all Household members	Earnings from Work Gross (before taxes) Job 1 Monthly	Welfare, Child support, Alimony Monthly	Payments from pensions, retirement, social security Monthly	Earnings from Job 2 or any other income Monthly
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
totals				

Monthly Income Conversion: Weekly Pay x S2/12; Every 2 weeks' Pay x 26/12; Twice monthly Pay x 2.4112

Section 2C: Name and Social Security Number (of primary wage earner or house hold member who signs this form) *I certify that all of the preceding information is true and correct, that the SNAP, POWER or FDPIR program case numbers are current/correct, and/or that all income is reported. I understand this information is being given for the receipt of federal funds, that the sponsor or state officials may verify the information on the application, and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.*

Signature of Adult Household Member (required)

Date: (required)

**Last four digits of Social Security Number __-__-__-__ Required for validity and integrity of the Child and Adult Care Food Program-This application will be kept confidential with no public or staff access to the information.) If your ONLY child is a Foster Child, or the CHILD has a SNAP, POWER or FDPIR Case Number, the Social Security Number is not required.

Section 3: Foster Child: (Complete Section 1 and Section 2C In addition to Sections 3 through 5)

_____ Check here if a FOSTER Child(ren) lives in your household. List name(s) of the Foster child(ren):

Section 4: Name and Address:

Printed name of adult signing the application: _____

Home Phone: _____ Home Address: _____

City/ Zip Code _____

Work Phone: _____

Section 5: Racial/Ethnic Identity:

Ethnicity: Please check the ethnic identity of your child(ren). (OPTIONAL:)

Hispanic # _____ Non-Hispanic # _____

___ Race: Please check the racial identity of your child(ren). (OPTIONAL:)

White # _____ Black or African American # _____

Asian # _____ American Indian/ Alaskan Native # _____ Native Hawaiian/Other Pacific Islander # _____

Privacy Act Statement: Section 9 of the National School Lunch Act requires that, unless your child's SNAP, POWER, or FDPIR case number is provided, you must include the last four digits or the social security number or the adult household member signing the application or indicate that the household member does not have a social security number. Provision of a social security number is not mandatory, but if a social security number is not given or an indication is made that the signer does not have such a number, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits, and investigations; and may include contacting employers to determine income, contacting a SNAP or Welfare Office or Food Distribution Official to determine current certification for receipt of SNAP, POWER, or FDPIR benefits, contacting the state employment security office to determine the amount of benefits received, and checking the documentation produced by household members to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal actions if incorrect information is received.

Section 6: Wildwood Use Only: DO NOT WRITE BELOW THIS LINE



Household size _____ Monthly Income _____ Income eligible: yes no

Eligibility by Categorical Program:

SNAP _____ POWER _____ FDPIR _____
 Case # _____ Case # _____ Case # _____



Determining Official _____ Date Processed: _____

Signature _____ Dates Valid: _____

This institution is an equal opportunity provider.

INCOME ELIGIBILITY GUIDELINES
 Effective July 1, 2022-June 30, 2023

The participant may qualify for Tier I if household income falls within the limits on this chart.

Household Size	Yearly	Monthly
1	\$25,142	\$2,096
2	\$33,874	\$2,823
3	\$42,606	\$3,551
4	\$51,338	\$4,279
5	\$60,070	\$5,006
6	\$68,802	\$5,734
7	\$77,534	\$6,462
8	\$86,266	\$7,189
For Each Additional Person Add:	\$8,732	\$728