

# 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.				
<b>totals</b>				

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, 2023-June 30, 2024

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

Household Size	Yearly	Monthly
1	\$26,973	\$2,248
2	\$36,482	\$3,041
3	\$45,991	\$3,833
4	\$55,500	\$4,625
5	\$65,009	\$5,418
6	\$74,518	\$6,210
7	\$84,027	\$7,003
8	\$93,536	\$7,795
For Each Additional Person Add:	\$9,509	\$793

**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 (e.g., 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.