

# Sample INCOME ELIGIBILITY APPLICATION

## ADULT DAY CARE CENTER NUTRITION PROGRAM

**PART 1 – Participant’s Name:** \_\_\_\_\_ **Birth date:** \_\_\_\_\_

**PART 2A - PARTICIPANTS WHO ARE CATEGORICALLY ELIGIBLE AS FREE FOR CACFP BENEFITS: HOUSEHOLDS RECEIVING SNAP (formerly, Food Stamps), SUPPLEMENTAL SECURITY INCOME (SSI) or MEDICAID:** Complete this part and sign the application in Part 3 - DO NOT complete Part 2B.

Supplemental Nutrition Assistance Program or SNAP (formerly known as Food Stamps) Case Number: \_\_\_\_\_  
 SSI Identification Number: \_\_\_\_\_ Medicaid Identification Number: \_\_\_\_\_

**PART 2B - ALL OTHER HOUSEHOLDS:** If you did not complete Part 2A, complete this Part and Part 3.

Names of Family Members <i>(participant, spouse, dependent children)</i>	Gross income and how often it was received (Indicate if income was received monthly, two times a month, every two weeks or weekly by placing the <b>amount of income</b> in the appropriate frequency box.) You <b>MUST</b> place the income in the appropriate frequency box.											
	Earnings from work (before deductions) – Job 1				Welfare, child support, alimony				Pensions, retirement, Social Security, Other Income or Job 2			
Names	Weekly	Biweekly Every 2 weeks	2 X Month	Monthly	Weekly	Biweekly Every 2 weeks	2 X Month	Monthly	Weekly	Biweekly Every 2 weeks	2 X Month	Monthly
<i>(Example) Jane Smith</i>	\$200					\$150						\$300
1.												
2.												
3.												
4.												
5.												
6.												

**PART 3 - SIGNATURE:** An adult household member must sign and date the application before it can be approved.

*PENALTIES FOR MISREPRESENTATION:* I certify that all of the above information is true and correct and that the SNAP or TFA number is current, correct or that all income is reported. I understand that this information is being given for the receipt of Federal funds; that institution officials may verify the information on the application and that the deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

**Signature of adult** \_\_\_\_\_ **Social Security Number** XXX – XX -     last 4 digits only  
 Printed name of adult \_\_\_\_\_ **Date signed** \_\_\_\_\_

Home telephone \_\_\_\_\_ Work telephone \_\_\_\_\_ Home Address \_\_\_\_\_ Zip code \_\_\_\_\_

**PART 4 – RACIAL AND ETHNIC IDENTITY:** You are not required to complete Part 4. This section is optional.

Ethnicity:  Hispanic or Latino  Not Hispanic or Latino  
 Race:  White  Black or African American  Asian  American Indian or Alaskan Native  Native Hawaiian or Other Pacific Islander

**Use of Information Statement:** This explains how we will use the information you give us.  
 The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.  
**Non-discrimination Statement:** Refer to the application instructions for the non-discrimination statement.

### For Sponsor Use Only

**Annual Income Conversion:** Weekly X 52 ♦ Every 2 Weeks X 26 ♦ Twice a Month X 24 ♦ Monthly X 12

Total family income \$ \_\_\_\_\_ Family size \_\_\_\_\_ OR SNAP/SSI/Medicaid household

Eligible Free:  Eligible Reduced:  Over Income:

Sponsor Eligibility Official \_\_\_\_\_ Date \_\_\_\_\_  
Signature

## INCOME ELIGIBILITY APPLICATION INSTRUCTIONS

Please complete the Income Eligibility Application using the instructions below. Sign the application and return it to the program. If you have any questions or need help filling out the application, contact \_\_\_\_\_ at \_\_\_\_\_.

---

### PART 1 - PARTICIPANT INFORMATION: COMPLETE THIS PART.

Print the name of the participant enrolled in the program. Include age and birth date. Please fill out one application for each enrolled participant.

---

### PART 2A - HOUSEHOLDS RECEIVING SNAP (formerly known as Food Stamps), SSI or Title XIX Benefits: COMPLETE THIS PART AND PART 3.

1. List the current SNAP (formerly, Food Stamps), SSI or Title XIX case number for the participant. Do not complete Part 2B.
2. An adult household member must sign the application in PART 3. A social security number is not required.

---

### PART 2B - ALL OTHER HOUSEHOLDS: COMPLETE THIS PART AND PART 3.

1. Write the names of everyone in your household even if they do not have income.
2. Write the amount of income (the amount before taxes or anything else is taken out) received **last** month for each household member, and where it came from, such as earnings, welfare, pensions, and other income (refer to examples below for types of income to report). If any amount last month was more or less than usual, write that person's usual income.
3. An adult household member must sign this income eligibility application and give his/her social security number in PART 3.

---

### PART 3 - SIGNATURE AND SOCIAL SECURITY NUMBER: ALL HOUSEHOLDS COMPLETE THIS PART.

1. All income eligibility applications must have the signature of an adult household member;
2. The adult household member who signs the application must include **the last four digits only** of his/her social security number. If he/she does not have a social security number, write "**none**". If a SNAP/SSI/Medicaid number is listed, the last four digits of the social security number are not needed.

---

### PART 4 - RACIAL/ETHNIC IDENTITY: COMPLETE THE RACIAL/ETHNIC IDENTITY QUESTION IF YOU WISH.

You are not required to answer this question. However, this information will help ensure that everyone is treated fairly.

---

### INCOME TO REPORT

#### Earnings from Employment

Wages/salaries/tips  
Strike benefits  
Unemployment compensation  
Worker's compensation  
Net income from self-owned business or farm

#### Pensions/Retirement/Social Security

Pensions  
Supplemental security income  
Retirement income  
Veteran's payments  
Social Security

#### Other Income

Disability benefits  
Cash withdrawn from savings  
Interest/dividends  
Income from estates/trusts/investments  
Regular contributions from persons not living in the household

#### Welfare/Participant

Support/Alimony  
Public assistance payments  
Welfare payments  
Alimony/participant support payments

#### Military Households

All cash income, including military housing/uniform allowances. Does not include "in-kind" benefits not paid in cash (base housing, clothing, food, medical care, etc.).

Net royalties/annuities/  
net rental income  
Any other income

**Non-Discrimination Statement:** This explains what to do if you believe you have been treated unfairly. In accordance with Federal law, the U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal and, where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).

Individuals who are deaf, hard of hearing or have speech disabilities and wish to file either an EEO or program complaint please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish). Persons with disabilities who wish to file a program complaint, please see information above on how to contact us by mail directly or by email. If you require alternative means of communication for program information (e.g., Braille, large print, audiotape, etc.) please contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). USDA is an equal opportunity provider and employer.