

**Income Eligibility Statement
Child and Adult Care Food Program**

Child Day Care Center: Non-Pricing Program

PART 1

Child's Name: _____ Classroom _____
Last First M.I.

PART 2 – FOSTER CHILD: Complete this Part and sign the statement in Part 4. DO NOT complete Part 3A or 3B

If this is a foster child, check this box . Write the child's income and how often it is received here \$ _____ / _____.

PART 3A – HOUSEHOLDS NOW GETTING FOOD STAMPS OR VA TANF FOR THEIR CHILDREN Complete this part and sign the statement in Part 4 – DO NOT complete Part 3B.

Food Stamp Case Number: _____ VA TANF Case Number: _____

PART 3B – ALL OTHER HOUSEHOLDS – If you did not write a Food Stamp or VA TANF number, complete this Part and sign this Statement in Part 4.

NAMES	CURRENT INCOME AND FREQUENCY							
	Earnings from Work (Before Deductions) Job 1		Earnings from Welfare, Child Support, Alimony		Payments from Pensions, Retirement, Social Security		Earnings from Job 2 or Any Other Income	
	Income	Frequency	Income	Frequency	Income	Frequency	Income	Frequency
1. _____	\$ _____ / _____	_____	\$ _____ / _____	_____	\$ _____ / _____	_____	\$ _____ / _____	_____
2. _____	\$ _____ / _____	_____	\$ _____ / _____	_____	\$ _____ / _____	_____	\$ _____ / _____	_____
3. _____	\$ _____ / _____	_____	\$ _____ / _____	_____	\$ _____ / _____	_____	\$ _____ / _____	_____
4. _____	\$ _____ / _____	_____	\$ _____ / _____	_____	\$ _____ / _____	_____	\$ _____ / _____	_____
5. _____	\$ _____ / _____	_____	\$ _____ / _____	_____	\$ _____ / _____	_____	\$ _____ / _____	_____
6. _____	\$ _____ / _____	_____	\$ _____ / _____	_____	\$ _____ / _____	_____	\$ _____ / _____	_____
7. _____	\$ _____ / _____	_____	\$ _____ / _____	_____	\$ _____ / _____	_____	\$ _____ / _____	_____
8. _____	\$ _____ / _____	_____	\$ _____ / _____	_____	\$ _____ / _____	_____	\$ _____ / _____	_____

Name and Social Security Number of Primary Wage Earner or Household Member Who Signs This Form (Privacy Act Statement)

Name: _____ Social Security Number _____ - _____ - _____

PART 4 – SIGNATURE: An adult household member must sign this Statement before it can be approved.

PENALTIES FOR MISREPRESENTATION: I certify that all of the above information is true and correct and that the Food Stamp number or VA TANF number is correct or that all income is reported. I understand that this information is being given for the receipt of Federal Funds; that organization officials may verify the information on this Statement and the deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal Laws.

Signature of Adult: _____ Printed Name of Adult: _____

 Date Signed Home Telephone Work Telephone Home Address Zip Code

PART 5 – RACE/ETHNIC IDENTITY: You are not required to answer this question.

WHITE, not of Hispanic Origin BLACK, not of Hispanic Origin HISPANIC ASIAN or PACIFIC ISLANDER AMERICAN INDIAN
 or
 ALASKAN NATIVE

Section 9 of the National School Lunch Act requires that, unless your children's food stamp or VA TANF number is provided, you must include a social security number on the statement. This may be either the social security number of the parent or guardian who is the primary wage earner or the social security number of the adult household member signing the statement, or an indication that neither household member possesses a social security number. Provision of a social security number is not mandatory, but if a social security number is not provided or an indication is not made that neither the primary wage earner nor the adult household member signing the statement has one, the statement cannot be approved. This notice must be brought to the attention of the household member whose social security number is disclosed. 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 statement. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a food stamp or welfare office to determine the current certification for receipt of food stamps or TANF benefits, contacting the State employment office to determine the amount of benefits received and checking the document produced by the household member to prove the amount of income received. The efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported.

For Institution Use Only:

Food Stamp Household/VA TANF Categorically Eligible Free: _____ OR
 Total Household Income: _____ Household Size: _____

Eligibility Classification: Free _____ Reduced _____ Paid _____

Printed Name of Determining Official: _____ Signature of Determining Official _____

Revised: 6/2001 Date: _____