



CHILD INCOME ELIGIBILITY APPLICATION – Family Day Care Homes

INSTITUTION NAME: _____ FACILITY NAME: _____ AGREEMENT#: _____

1. PARTICIPANT'S NAME(S) & DATE(S) OF BIRTH:

First Name	Last Name	Date of Birth	First Name	Last Name	Date of Birth
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DAY CARE HOME PROVIDER'S NAME _____

2. SNAP, TANF/Work First, FDPIR, National School Lunch, or WIC benefits number: SNAP # _____

TANF#: _____ FDPIR # _____ WIC # _____

Free/Reduced Priced School Lunch (National School Lunch Program)

3. Is this application for a: Foster Child? Yes No Homeless Child? Yes No Child from a migrant family? Yes No

4. HOUSEHOLD MEMBERS MONTHLY INCOME:

Names of All Other Household Members	Monthly Wages Salaries	Monthly Social Security	Monthly Public Assistance / Child Support	Monthly Retirement Pensions	Other Monthly Income
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$

5. ETHNIC IDENTITY: (Check one). Hispanic or Latino Not Hispanic or Latino

RACE (Check one or more): White Black or African American American Indian or Alaskan Native Asian Native Hawaiian or Other Pacific Islander

6. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: I certify that all of the above information is true and correct; that the application is being made in connection with the receipt of federal funds, that Program officials may verify the information on the application; and that deliberate misrepresentation of any of the information on the application may subject me to prosecution under applicable State and Federal criminal statutes.

Signature of Adult Household Member (Required) _____ Date _____ Check if no SSN
 Last Four Digits of Social Security Number (Required if qualifying by income)

Printed Name _____ Home Telephone # _____ Work Telephone # _____

Address _____ City _____ Zip Code _____

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 for your child or other FDPIR identifier 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 Program.

For Sponsoring Organization Use Only:

Total family income: _____ Family size: _____

Tier I _____ Tier II _____ Eligible Not Eligible:

Determining Official's Signature: _____ Date: _____

For state use only:
 Verified by: _____ Date: _____
 Verified classification: Free Reduced-price
 Denied
 Reason for change in classification: _____

NC CACFP CHILD INCOME ELIGIBILITY APPLICATION INSTRUCTIONS

1 – PARTICIPANT’S INFORMATION: Complete this part.

Print the name of each child enrolled in the Day Care Home.

Print the name of the Day Care Home provider.

2 – HOUSEHOLD GETTING SNAP, TANF/WORK FIRST, FDPIR, NATIONAL SCHOOL LUNCH, SCHOOL BREAKFAST, OR WIC BENEFITS:

If your household participates in any of these programs, list the case number and complete number 3, 5, & 6, skip number 4. List your current SNAP case number or your TANF/Work First, FDPIR, or WIC identification number, or check yes to indicate that your child receives free/reduced priced school lunch. Do not complete number 4, skip to number 5.

3 - FOSTER CHILD: Answer this question for each foster child living in your home and enrolled in the facility Foster children are automatically eligible for program benefits at the free rate. Households with foster and non-foster children may choose to include the foster child as a household member, as well as any personal income earned by the foster child, on the same household application that includes their non-foster children.

4 - HOUSEHOLD MEMBERS MONTHLY INCOME: Complete this section if the household does NOT receive any of the benefits listed above and/or the enrolled child is NOT a foster child.

List the names of all other household members and provide the gross income (the amount before taxes or any other deductions), the frequency of income (i.e., weekly, every two weeks, twice a month, or monthly) 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 the person’s usual income.

Monthly Income Conversion: Weekly X 4.33 Every 2 Weeks X 2.15 Twice a Month X 2

INCOME TO REPORT

Earnings from Employment	Pensions/Retirement/Social Security	Other Income
Wage/Salaries/Tips Strike Benefits Unemployment Compensation Worker’s Compensation Net Income from Self-Owned Business or Farm	Pensions Supplemental Security Income Retirement Income Veteran’s Payments Social Security	Disability Benefits Cash withdrawn from savings Interest/Dividends Income from Estates/Trusts/Investments Regular contributions from persons not living in the household Net Royalties/Annuities Net Rental Income Any Other Income
Welfare/Child Support/Alimony	Military Households	
Public Assistance payments Welfare payments Alimony/Child support payments	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.)	

5 - ETHNIC/RACIAL IDENTITY: Complete the Ethnic/Racial identity question.

6 - SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER:

All eligibility statements must have the signature of an adult household member.

The adult household member who signs the statement must include the last four digits of his/her social security number. If he/she does not have a social security number, check the box indicating no SSN. If you listed a SNAP, TANF/Work First, WIC, or FDPIR number, a Social Security number is not needed.

The section below should be returned with the CACFP Eligibility Application if consent is given to the provider to collect this form.

Written Consent Clause: Provider’s Name: _____

If you choose to complete the CACFP Eligibility Application, you have the option of returning it directly to your Provider or to the Provider’s Sponsor. If you want to provide the CACFP Eligibility Application directly to the sponsor, return the completed form to: _____

Name and Address of Sponsoring Organization

_____ Initial here if you consent to allowing the Family Care Home Provider to collect your form and provide it to the Sponsor.

_____ will not review your form.

(Provider’s Name)

NC CACFP PARENT/GUARDIAN HOUSEHOLD LETTER

Dear Parent/Guardian:

Your day care provider participates in the Child and Adult Care Food Program (CACFP) funded by the U.S. Department of Agriculture and administered by the North Carolina Department of Health and Human Services. Please help us comply with the CACFP requirements by completing, signing, and returning the attached Eligibility Application to the address provided. This information is necessary so that your day care provider is paid for the meals served to the children in their care. All children in our program receive their meals free of charge, but the income eligibility category determines the amount of funding your day care provider will receive. The information you provide on this form will be confidential and will **NOT** be shared with your day care provider or anyone else without your permission.

Complete the application as follows:

- **HOUSEHOLD MEMBERS:** List the name of the enrolled child(ren), and the child’s parent(s) or guardian, and any other dependent children who live in the household.
- **SNAP, TANF/WORK FIRST, FDPIR, WIC, FREE/REDUCED PRICE SCHOOL LUNCH:** If a household member is currently receiving benefits from any of these programs, provide the program case/identification number as requested. Do not complete Part 2B.
- **CURRENT INCOME:** List the amount of income each person earned **last** month before deductions for taxes, social security, etc.), the frequency of income, and where it is from, such as wages, retirement, or welfare. If any household member’s income last month was higher or lower than usual, list that person’s usual average monthly income.
- **SIGNATURE:** An adult household member must sign the income eligibility application.
- **Last Four Digits of the Social Security Number:** List the last four digits of the social security number of the adult who signs the income eligibility statement. If that adult does not have a social security number, print “None”

REDUCED GUIDELINES EFFECTIVE JULY 1, 2020 - JUNE 30, 2021*

HOUSEHOLD SIZE	YEARLY	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY
1	\$23,606	\$1,968	\$984	\$908	\$454
2	\$31,894	\$2,658	\$1,329	\$1,227	\$614
3	\$40,182	\$3,349	\$1,675	\$1,546	\$773
4	\$48,470	\$4,040	\$2,020	\$1,865	\$933
5	\$56,758	\$4,730	\$2,365	\$2,183	\$1,092
6	\$65,046	\$5,421	\$2,711	\$2,502	\$1,251
7	\$73,334	\$6,112	\$3,056	\$2,821	\$1,411
8	\$81,622	\$6,802	\$3,401	\$3,140	\$1,570
For each additional family member add:	\$8,288	\$691	\$346	\$319	\$160

Households with income less than or equal to these levels are eligible for free or reduced-price meals.

Monthly Income Conversion: Weekly X 4.33 Every 2 Weeks X 2.15 Twice a Month X 2

You may submit a program Income Eligibility Application any time during the fiscal year. Participants having family members who become unemployed are eligible for free or reduced-price meals during the period of unemployment, provided that the loss of income causes the family’s income during the period of unemployment to be within the eligibility standards for those meals.