Child and Adult Care Food Program (CACFP)

Adult Day Care Income Eligibility Form (IEF) 2011-2012

Part 1 Write your name and age. Please indicate your race and ethnicity. If this information is left blank, a representative of the center will complete it according to visual identification. This information is strictly for statistical reporting requirements and does not affect eligibility. **Note:** A =Asian; AI/AN=American Indian or Alaskan Native; B/AA=Black or African American; H/PI=Native Hawaiian or other Pacific Islander; W=White.

Your Name (First & Last)	Age	Ethnicity (select one) and Race (select one or more)
		Ethnicity: ❑ Hispanic or Latino ❑ Not Hispanic or Latino Race: ❑ A ❑ AI/AN ❑ B/AA ❑ H/PI ❑ W

Part 2 Complete this section if you currently receive benefits from Medicaid or Supplemental Security Income (SSI), or if any member of your household receives Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance (SNAP), previously known as Food Stamps, or benefits of the Food Distribution Program on Indian Reservations (FDPIR). Only one is required to qualify for Free meals. **If you complete this part, skip Parts 3 and 4, and continue to Part 5.**

Medicaid Number	SSI Number	SNAP, TANF, or FDPIR Case Number

Part 3 Complete this section if Part 2 did not apply to you. In the "Name" column, list your full name and the names of your spouse and/or any other people who live with you and depend on you for financial support. If you need more space, use a separate sheet of paper. Refer to the information below for descriptions of various types of income.

Gross Income/Salary/Wages

- Gross income or cash income before deductions.
- Monetary compensation for services, including wages, salary, commissions, fees, or withdrawals from savings, investments, trust accounts, and other accounts.
- Net income from farm self-employment and/or non-farm self-employment. If income is negative list "0".
- If income is 0, list "0" and complete a new form within 45 days and every 45 days thereafter until income is listed.

Other Income

- Social Security, public assistance (or Welfare) payments, alimony, child support payments, and unemployment compensation.
- Private pensions or annuities, dividends or interest, income from estates or trusts, net rental income, and net royalties.
- Student financial assistance (grants or scholarships) not used to meet education expenses.
- Regular contributions from persons not living in the household.

Name	Gross Income/Salary/Wages	Other Income	TOTALS Center Use ONLY
(Yourself)	$ W M A	$ W M A	$ W M A
	$ W M A	$ W M A	$ W M A
	$ W M A	$ W M A	$ W M A
		Total Income	$ W M A

Total number in household who depend on you for financial support (including yourself): _____

Note: If necessary, convert multiple income schedules to annual income. Multiply weekly income by 52, bi-weekly by 26, monthly by 12.

Part 4 Provide the last four digits of a Social Security Number (SSN) for yourself, your guardian, or the household member who signs this form. The SSN is not required if you provided a Medicaid, SSI, TANF, SNAP, or FDPIR case number in Part 2.

x	x	x	-	x	x	-				

If the person signing the form does not have a SSN, check this box. ❑

Part 5 I certify that all of the information on this form is true and correct and is provided in connection with the receipt of Federal Funds. Center officials may verify information. Deliberate misrepresentation may subject me to prosecution under applicable State and Federal criminal statutes.

Signature of Person Completing Form Date

Printed Name

Street Address

City State Zip Code

Home Telephone Work Telephone

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Income Category (check one):

❑ Free ❑ Reduced ❑ Paid (Ineligible for Free or Reduced Priced meals)

This form expires 12 months after the month in which it is received and approved by the institution.

Example: If the determination date is July 2011, the form is valid from July 1, 2011 through July 31, 2012.

Signature of Center's Eligibility Official

Determination Date: Month Year