



Colorado Child and Adult Care Food Program Income Eligibility Form (IEF) 2015- 2016

Part 1- Child(ren) Enrolled in Child Care: List name & age of each child enrolled. Indicate each child's race and ethnicity. If this information is left blank, the institution representative may complete it based on 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.

Table with 4 columns: Last Name, First Name, Age, Ethnicity (select one) and Race (select one or more). It contains three rows for data entry.

Other Source Categorically Eligible programs allow automatic eligibility at the Free rate in the CACFP when the institution obtains documentation from the corresponding agency and verifies children are enrolled in one of the programs listed below. If applicable, please check one of the boxes.

- One or more child listed above is a foster child who is the responsibility of the State or was placed by the court.
One or more child listed above is an Early Head Start, or Head Start child or pregnant mother or an Even Start enrolled child, who is categorically eligible for free meals...
If one or more child listed above is a homeless, migrant, or runaway child, the institution must obtain documentation verifying the status of the child from the director of the homeless shelter, Migrant Education Program Coordinator, or an official of the Runaway and Homeless Youth program.

Please note: If you marked one of the boxes listed above, you do not need to complete the rest of this form. SKIP TO PART 5 – Signature.

Part 2 - Assistance Programs: Does anyone in your household receive benefits from any of the programs listed below?

If no, go to Part 3.

If yes, please mark which assistance program (only one is required), write the case number, and SKIP TO PART 5 – Signature.

- Supplemental Nutrition Assistance Program (SNAP), previously known as Food Stamps Case Number:
Temporary Assistance for Needy Families (TANF) Case Number:
Food Distribution Program on Indian Reservations (FDPIR) Case Number:

(Quest Card or Social Security Numbers are not acceptable)

Part 3-Income to report: List the names of all household members who are not listed in Part 1. Write the amount of income received by each household member for the current month, projected income for the first month of the application, or the month prior to the application. Indicate if income is weekly (W), monthly (M), or annually (A).

Gross Income/Salary/Wages

- Gross earned income or cash income before deductions.
Monetary compensation for services, including wages, salary, tips, strike benefits, commissions, fees, withdrawals from savings, investments, trust accounts, and other accounts.
Net income from self-owned businesses and farms.
Social Security, public assistance or Welfare payments (e.g. TANF, General Assistance/General Relief), alimony, child support payments, and unemployment and worker's compensation.
Private pensions or annuities, retirement benefits, disability benefits, veteran's benefits, dividends or interest, income from estates, trusts or investments, net rental income, cash withdrawals from savings, and net royalties.
Student financial assistance (grants or scholarships) not used to meet education expenses.
Regular contributions from persons not living in the household or any other money that may be available to pay for child(ren)'s meals.

List '0' if income is negative.

Last Name	First Name	Gross Income/ Salary/Wages	Other Income	TOTALS Center Use Only
		\$ 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
		\$ W M A	\$ W M A	\$ W M A
Total Number in Household	Note: If necessary, convert multiple income schedules to annual income. Multiply weekly income by 52, bi-weekly by 26, monthly by 12.		Total Income:	\$ W M A

Part 4 – Social Security Number: If the adult household member completing this form does not provide a TANF, SNAP, or FDPIR number in Part 2, the person completing this form must provide the last four digits of his/her Social Security Number (SSN).

X	X	X	-	X	X	-				
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Check this box if the adult household member signing this form does not have a Social Security Number.

Part 5 - Signature: I certify that all of the information on this form is true and correct and is given in connection with the receipt of Federal Funds. Institution officials may verify information. Deliberate misrepresentation may subject me to prosecution under applicable State and Federal criminal statutes. Note: If the child is a foster child, an official of a court or other agency with responsibility for the child may sign this form.

_____ Signature of Adult Household Member	_____ Date	_____ Street Address
_____ Printed Name		_____ City State Zip Code
		_____ Home Telephone Work Telephone

FOR CENTER STAFF USE ONLY					
Income Category (check one):	<input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Paid (Ineligible for Free or Reduced Priced meals)				
This form expires 12 months after the month in which the institution makes the determination. Example: If the determination date is July 2015 , the form is valid from July 1, 2015 through July 31, 2016 . The institution may use the date the parent/guardian signs the income eligibility form, OR the date the sponsor's official makes the determination and signs and dates the income eligibility form. The same approval method selected must be used for all forms approved by the Sponsor.					
_____ Signature of Center's Eligibility Official	Determination Date: <table border="1"> <tr> <td> </td><td> </td> </tr> <tr> <td>Month</td><td>Year</td> </tr> </table>			Month	Year
Month	Year				

The U.S Department of Agriculture prohibits discrimination against its applicants and recipients of the Child Nutrition Programs on the bases of race, color, national origin, age, disability and sex. 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, 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. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

