

Child and Adult Care Food Program Adult Day Care Income Eligibility Form (IEF) 2016-2017

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 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: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino Race: <input type="checkbox"/> A <input type="checkbox"/> AI/AN <input type="checkbox"/> B/AA <input type="checkbox"/> H/PI <input type="checkbox"/> 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), or benefits of the Food Distribution Program on Indian Reservations (FDPIR). **If you complete Part 2, skip 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 name 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 includes, but not limited to:			
<ul style="list-style-type: none"> • 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) <u>not</u> 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 participant meals. • If you enter '0' or leave any fields blank, you are stating there is no income to report. 			

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 number in household who depend on you for financial support (including yourself):		Total Income	\$ W M A

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

Part 4 - Social Security Number (SSN): 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	-				<input type="checkbox"/> Check if no SSN
---	---	---	---	---	---	---	--	--	--	--

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. Information may be verified. Deliberate misrepresentation may subject me to prosecution under applicable State and Federal criminal statutes.

Signature of Person Completing the form:	Street Address		
Printed Name	City	State	Zip Code
Date	Home Telephone	Work Phone	



FOR CENTER STAFF USE ONLY

Income Category (check one): Free Reduced 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 is July 2016, the form is valid from July 1, 2016 through July 31, 2017. The institution may use the date the participant/guardian signs the Income Eligibility Form, OR the date the institution's official make the determination and signs the Income Eligibility Form. The same approval method selected must be used for all forms approved by the institution.

Signature of Center's Eligibility Official

Determination Date:

Month	Year

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.

