

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

**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.

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.

<b>Your Name (First &amp; Last)</b>	<b>Age</b>	<b>Ethnicity (select one) and Race (select one or more)</b>
		<b>Ethnicity:</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <b>Race:</b> <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), 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 Part 2, skip Part 3 and 4, and continue to Part 5.

<b>Medicaid Number</b>	<b>SSI Number</b>	<b>SNAP, TANF, or FDPIR Case Number</b>

**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.

<b>Gross Income/Salary/Wages</b>			
<ul style="list-style-type: none"> <li>Gross earned income or cash income before deductions. <b>List '0' if income is negative.</b></li> <li>Monetary compensation for services, including wages, salary, tips, strike benefits, commissions, fees, withdrawals from savings, investments, trust accounts, and other accounts.</li> <li>Net income from self-owned businesses and farms.</li> <li>Social Security, public assistance or Welfare payments (e.g. TANF, General Assistance/General Relief), alimony, child support payments, and unemployment and worker's compensation.</li> <li>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.</li> <li>Student financial assistance (grants or scholarships) <u>not</u> used to meet education expenses.</li> <li>Regular contributions from persons not living in the household or any other money that may be available to pay for child(ren)'s meals.</li> </ul>			

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	
<b>Total Income</b>			\$	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 weeklv income by 52. bi-weeklv by 26. monthlv 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	-					<input type="checkbox"/> Check this box if the person signing the form does not have a SSN.
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**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:	Street Address	State	Zip Code
Printed Name:		City		
		Home Telephone	Work Telephone	

**FOR CENTER STAFF USE ONLY**

<b>Income Category (check one):</b>	<input type="checkbox"/> Free	<input type="checkbox"/> Reduced	<input type="checkbox"/> Paid (Ineligible for Free or Reduced Priced meals)
<p><b>This form expires 12 months after the month in which the Sponsor makes the determination. Example: If the determination date is July 2015, the form is valid from July 1, 2015 through July 31, 2016.</b> The center may use the date the parent/guardian signs the income eligibility form; <u>or</u> the date on the center'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 center.</p>			
Signature of Center's Eligibility Official:	Determination Date:		
	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](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](mailto: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.

