

FAMILY INCOME ELIGIBILITY FORM FOR ADULT CARE CENTERS

Please use ink. Do not mark in shaded areas or use correction fluid.

Part 1. Adults Enrolled in Center		Part 2. Benefits	
Names of all adults enrolled in Center (First and Last name)	Birthday mm/dd/yyyy	Check if adult gets NO income	List SNAP, FDPIR, SSI or Medicaid case # (if any). Skip to Part 4 if you list a case number.
		<input type="checkbox"/>	

Part 3. Total Household Gross Income—List all *other* household members and any household members receiving income.

1. Name of All Other Household Members List everyone else in household who is a dependent of the adult(s) listed above and all household members receiving income. List both first and last name. Also list total number of people in household: _____ A household member is any child or adult living with you.	2. Check if NO income	3. How much total income and how often it is received Hourly, Weekly, Every 2 Weeks (bi-weekly), Monthly							
		Earnings from work before deductions		Welfare, child support, alimony		Pensions, retirement, Social Security, VA benefits		All other income and source	
		Income	How often	Income	How often	Income	How often	Income	How often
	<input type="checkbox"/>	\$		\$		\$		\$	
	<input type="checkbox"/>	\$		\$		\$		\$	
	<input type="checkbox"/>	\$		\$		\$		\$	
	<input type="checkbox"/>	\$		\$		\$		\$	
	<input type="checkbox"/>	\$		\$		\$		\$	
	<input type="checkbox"/>	\$		\$		\$		\$	
	<input type="checkbox"/>	\$		\$		\$		\$	

Part 4. Signature and Last Four Digits of Social Security Number (Adult must sign)

An adult household member must sign this application. If Part 3 is completed, the adult signing the form must also list the last four (4) digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. **(See Privacy Act Statement on the back of this page.)**

I certify (promise) that all information on this application is true and that all income is reported. I understand that the Center will get Federal funds based on the information I give. I understand that Program officials may verify (check) the information. I understand that if I purposely give false information I may be prosecuted.

Sign here: _____ **Print name:** _____ **Date:** _____

Address: _____ **Phone Number:** _____

City: _____ **State:** _____ **Zip code:** _____

Last four digits of Social Security Number: **** - *** - _____ I do not have a Social Security Number

Part 5. Adult's Ethnic and Racial identities (optional)

Choose one ethnicity:	Choose one or more (regardless of ethnicity):
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American
<input type="checkbox"/> Not Hispanic/Latino	<input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or other Pacific Islander

Don't fill out this part. This is for official use only.

Annual Income Conversion: Hourly x 2080, Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24

Total Income: _____ Per: Week, Every 2 Weeks, Twice A Month, Month, Year Household size: _____

Categorical eligibility: _____ Income eligibility: Free _____ Reduced _____ Paid _____ Reason (only if paid): _____

Approving Official's Signature: _____ Date of approval: _____

Verifying Official's Signature (optional): _____ Date of approval: _____

Dear Participant or Guardian:

INSTRUCTIONS FOR COMPLETING THE FORM

If your household gets Supplemental Nutrition Assistance Program (SNAP) benefits, Social Security Income (SSI), Medicaid or Food Distribution Program on Indian Reservations (FDPIR) follow these instructions:

Part 1: List enrolled adult’s name and birthday.

Part 2: List the participant’s SNAP, SSI, Medicaid or FDPIR case number (if any). Skip to part 4.

Part 4: An adult must sign the form. The last four digits of the Social Security Number are not necessary.

Part 5: Answer this question if you choose to. It helps determine whether benefits are available to everyone.

ALL OTHER HOUSEHOLDS, follow these instructions:

Part 1: List each adult’s name, age, and birth date that are enrolled in care. Next to each person’s name list income received, how often it is received, and where it comes from. If the adult does not receive income, you *must* check the no income box.

Part 3: Follow these instructions to report total household income from *any* household members from last month.

Column 1–Name: List the first and last name of **each** person living in *your* household not already listed, related or not (such as grandparents, other relatives, or friends), including yourself. Attach another sheet of paper if you need to.

Column 2–Check if no income: If the person does not have any income, check the “no income” box.

Column 3 –Gross income last month and how often it was received. Next to each person’s name list each type of income received last month, and how often it was received. For *Earnings from work*, list the **gross income**, the amount earned before taxes and other deductions. The amount should be listed on your pay stub, or your employer can tell you. For **ONLY** the **self-employed**, under *Earnings from Work*, report income after expenses. This is for your business, farm, or rental property. For *other income*, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran’s benefits (VA benefits), and disability benefits. Under *All Other Income*, list Worker’s Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, FDPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency. If you are in the **Military Privatized Housing** initiative or get combat pay, do not include these allowances as income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.

Part 4: An adult household member must sign the form and list the last four digits of his or her Social Security Number, or mark the box if he or she doesn’t have a Social Security Number.

Part 5: Answer this question if you choose to. It helps determine whether benefits are available to everyone.

PRIVACY ACT STATEMENT: This explains how we will use the information you give us.

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 list a Supplemental Nutrition Assistance Program (SNAP), Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier, SSI or Medicaid case number for the participant 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 the participant is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We **MAY** share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.

“In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired 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.”

The Center may qualify to receive free or reduced-price meal benefits if your household income falls at or below the limits on this chart. This will enable the center to continue to offer nutritious meals to the enrolled adult.

This chart is for enrolled adult or guardian use only.

FEDERAL ELIGIBILITY INCOME CHART			
School Year 2013-2014			
Household size	Yearly	Monthly	Weekly
1	21,257	1,772	409
2	28,694	2,392	552
3	36,131	3,011	695
4	43,568	3,631	838
5	51,005	4,251	982
6	58,442	4,871	1124
7	65,897	5,490	1267
8	73,316	6,110	1410
Each additional person:	7,437	620	144