INCOME ELIGIBILITY FORM FOR FAMILY DAY CARE HOMES

Please use ink. Do not use correction fluid.

PROVIDER SURNAME:

PART 1. Own Household Children Enrolled in Day Care					**PART 2. Benefits**
Names of all **household** children enrolled in daycare (First and Last name)	Birthday mm/dd/yyyy	Age	Check if **Foster Child**	Check if child gets **NO** income	List **SNAP**, **FEP, or FDPIR** case # (if any). **Skip to Part 4 if you list a case # or if all children listed are foster children.**
			❑	❑	
			❑	❑	
			❑	❑	
			❑	❑	
			❑	❑	
			❑	❑	

PART 2 Cont. Name of other **household member, including adults, receives SNAP, FEP or FDPIR.**	Case # for other household member (if any) and skip to Part 5

PART 3. Total Household Gross Income—List all *other* household members including children not in daycare and their income if any and children in daycare receiving income.

1. Name of All Other Household Members List **everyone else** in household **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, SSI, VA benefits		All other income and source	
		Income	How often	Income	How often	Income	How often	Income	How often
	❑	$		$		$		$	
	❑	$		$		$		$	
	❑	$		$		$		$	
	❑	$		$		$		$	
	❑	$		$		$		$	
	❑	$		$		$		$	
	❑	$		$		$		$	

PART 4. Signature and 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. Children's ethnic and racial identities (optional)

Choose one ethnicity:	*Choose one or more (regardless of ethnicity):*		
❑ Hispanic/Latino	❑ Asian	❑ American Indian or Alaska Native	❑ Black or African American
❑ Not Hispanic/Latino	❑ White	❑ Native Hawaiian or other Pacific Islander	

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

❑ **TIER I**
- ❑ School
- ❑ Census
- ❑ Income/ Categorical

❑ **TIER II**

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: _____

❑ **DENIED:**
- ❑ Income over allowed amount
- ❑ Incomplete / missing information
- ❑ Provider was notified

❑ **APPROVED:**

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

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

Dear Parent, Guardian or Provider: INSTRUCTIONS FOR COMPLETING THE FORM

If your household gets benefits from Utah Supplemental Nutrition Assistance Program (SNAP), Family Employment Program (FEP), or Food Distribution Program on Indian Reservations (FDPIR), follow these instructions:

Part 1: List name, age, and birthday for all children in household enrolled in daycare.
Part 2: List the case number for any household member (including adults) receiving SNAP, FEP or FDPIR benefits. Skip part 3.
Part 4: 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.

If you are applying for one or more FOSTER CHILDREN, follow these instructions:

Part 1: Include the foster child on the same application as your other household children. List the child's name, age and birth date. Check the box if the child is a FOSTER child. If only foster children are listed, skip to Part 4. If children other than foster children are listed, follow instructions for children receiving SNAP, FEP, or FDPIR above or all other households below. Skip part 2 and 3.
Part 4: Sign the form. The last four digits of the Social Security Number are not necessary if only foster children are listed.
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 child's name, age, and birth date that are enrolled in daycare. Next to each child's name list income received, how often it is received, and where it comes from. If the child does not receive income, you *must* check the no income box.
If *some* children are foster children, check the box for each foster child.
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 apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Utah Family Employment Program (FEP) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child 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 your child 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."

Your provider may qualify to receive a higher reimbursement for meal benefits if your household income falls at or below the limits on this chart. This will help your provider to continue to offer nutritious meals to your enrolled children.

FEDERAL ELIGIBILITY INCOME CHART
School Year 2012-2013

Household size	Yearly	Monthly	Weekly
1	20,147	1,679	388
2	27,214	2,268	524
3	34,281	2,857	660
4	41,348	3,446	796
5	48,415	4,035	932
6	55,482	4,624	1,067
7	62,549	5,213	1,203
8	69,616	5,802	1,339
Each additional person:	7,067	589	136

INCOME ELIGIBILITY FORM FOR FAMILY DAY CARE HOME FAMILIES

Please use ink. Do not use correction fluid.

PROVIDER SURNAME:

Part 1. Household Children Enrolled in Day Care					**Part 2. Benefits**
Names of all **household** children enrolled in daycare (First and Last name)	Birthday mm/dd/yyyy	Age	Check if **Foster Child**	Check if child gets **NO** income	List **SNAP, FEP, FDPIR, Medicaid or WIC** case # (if any). **Skip to Part 4 if you list a case # or if all children listed are foster children.**
				❑	
				❑	
				❑	
				❑	
				❑	
PART 2 Cont. Name of other **household member, including adults, receives SNAP, FEP or FDPIR.**					List case # if receiving any benefits listed above and skip to Part 4

PART 3. Total Household Gross Income—List all *other* household members including children not in daycare and their income if any and children in daycare receiving income.

1. Name of All Other Household Members List **everyone else** in household **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, SSI, VA benefits		All other income and source	
		Income	How often	Income	How often	Income	How often	Income	How often
	❑	$		$		$		$	
	❑	$		$		$		$	
	❑	$		$		$		$	
	❑	$		$		$		$	
	❑	$		$		$		$	
	❑	$		$		$		$	
	❑	$		$		$		$	
	❑	$		$		$		$	

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. Children's ethnic and racial identities (optional)

Choose one ethnicity:		*Choose one or more (regardless of ethnicity):*		
❑ Hispanic/Latino ❑ Not Hispanic/Latino		❑ Asian ❑ White	❑ American Indian or Alaska Native ❑ Native Hawaiian or other Pacific Islander	❑ Black or African American

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

❑ **TIER I RATE** ❑ **TIER II RATE**	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 Day Care Parent or Guardian: **INSTRUCTIONS FOR COMPLETING THE FORM**

If your household gets Supplemental Nutrition Assistance Program (SNAP) benefits, Utah Family Employment Program (FEP), Food Distribution Program on Indian Reservations (FDPIR), Medicaid, or Women's Infants and Children (WIC) follow these instructions:

Part 1: List name, age, and birthday for all children in household enrolled in daycare.
Part 2: List the case number for any household member (including adults) receiving SNAP, FEP, FDPIR, Medicaid or WIC benefits. Skip part 3.
Part 4: 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.

If you are applying for a FOSTER CHILD, follow these instructions:

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

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Your Provider may qualify to receive higher meal benefits if your household income falls at or below the limits on this chart. This will enable the Provider to continue to offer nutritious meals to your enrolled children.

FEDERAL ELIGIBILITY INCOME CHART
School Year 2012-2013

Household size	Yearly	Monthly	Weekly
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4	41,348	3,446	796
5	48,415	4,035	932
6	55,482	4,624	1,067
7	62,549	5,213	1,203
8	69,616	5,802	1,339
Each additional person:	7,067	589	136

FORMA DE ELIGIBILIDAD DE INGRESOS PARA HOGARES DE CUIDADO

Por favor use lapicero de tinta para completar la solicitud No escriba en los casilleros grises

Parte 1. Niños matriculados en el Hogar de Cuidado					**Parte 2. Beneficios**
Nombre de niños matriculados en el hogar de cuidado (Nombre y apellido)	Fecha de nacimiento Mes, día, año	Edad	Marque si es un **niño de acogida**	Marque NO si los niños no reciben ingresos	Escriba su número de caso si recibe **SNAP** (estampillas de alimento) **FEP**, **FDPIR. Salte a parte 4 si cualquiera de estos números son mencionados o si hay niños de acogida**
			❑	❑	
			❑	❑	
			❑	❑	
			❑	❑	
			❑	❑	
Parte 2 Cont. Otros miembros del hogar , incluir miembros que reciben SNAP, FEP, FDPIR					Liste #s de casos si están recibiendo los beneficios mencionados anteriormente y salte a la parte 5

Parte 3. Ingreso bruto de su hogar — Listar todos los miembros en el hogar incluir a los niños y sus ingresos. (Escriba todos los otros miembros del hogar incluyendo niños que no están en centro de cuidado y salario y tienen y niños de cuidado infantil si tienen salario.)

1. Nombre de todos otros miembros en el hogar Listar **todos las otras personas** en el hogar y el total de ingreso antes de deducciones. . Escriba su primer nombre y apellido. Anote cuantas personas viven en su hogar:_____ Un miembro es cualquier niño o adulto que vivé en el hogar.	**2** **Marque si no hay ingresos**	**3. El Ingreso bruto y la frecuencia** **Por hora, Semanal, Cada 2 semanas (quincenal), Mensual**							
		Ingresos del trabajo antes de deducciones		Asistencia de beneficios sociales, sustento de menores, pensión de divorcio		Pensiones retiro, Seguro Social, SSI, VA beneficios		Todos los otros tipos de ingreso	
		Ingresos	Frecuencia	Ingresos	Frecuencia	Ingresos	Frecuencia	Ingresos	Frecuencia
	❑	$		$		$		$	
	❑	$		$		$		$	
	❑	$		$		$		$	
	❑	$		$		$		$	
	❑	$		$		$		$	
	❑	$		$		$		$	
	❑	$		$		$		$	
	❑	$		$		$		$	

Parte 4. Firma y Número de Seguro Social (Un Adulto debe firmar)

Un miembro adulto de la familia deberá firmar esta solicitud. Si completa la parte 4, el adulto que firma la solicitud deberá anotar su número de Seguro Social o marcar la casilla que indica que no tiene número de Seguro Social. (Vea el Acta de Privacidad al dorso.)

Certifico que toda la información en esta aplicación es correcta y verdadera, y que estoy reportando todos nuestros ingresos. Entiendo que entrego esta información para poder recibir fondos federales, y que los oficiales de la escuela pueden verificar los datos en esta solicitud y que una representación deliberadamente errónea de los datos pueden llevarme a juicio bajo leyes federales y estatales. Un adulto debe firmar la solicitud de acuerdo a las leyes federales antes que puedan ser aprobadas.

Firme Aquí: X_____ Nombre deletreado:_____ Fecha:_____

Dirección:_____Teléfono:_____

Número de Seguro Social: * * * * - * * * - ____ ____ ____ ____ ❑ No tengo número de Seguro Social

Parte 5. Identidad étnica y racial de los niños (opcional)

Marque una identidad étnica		Marque una o más de las identidades raciales (independientemente de su origen étnico)		
❑ Hispano Latino ❑ No Hispano ni Latino		❑ Asiático ❑ Blanco	❑ Indígena Norteamericano o Nativo de Alaska ❑ Hawaiano o de otra isla del Pacífico	❑ De raza negra o Afro-Americano

No escriba en esta área. Esto es para uso oficial.

❑ **TIER I**
- ❑ School
- ❑ Census
- ❑ Income/ Categorical

❑ **TIER II**

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: _____

❑ **DENIED:**
- ❑ Income over allowed amount
- ❑ Incomplete / missing information
- ❑ Provider was notified

❑ **APPROVED:**

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

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

Estimados Padres, Guardián, o Proveedor: **INSTRUCCIONES PARA LLENAR LA SOLICITUD**

Si su familia recibe Asistencia Suplementaria de Nutrición (SNAP) beneficios (anteriormente cupones de alimentos), FEP o FDPIR siga estas instrucciones:

Parte 1: Escriba el nombre, edad, y cumpleaños de todos los niños inscritos en el centro de guardería.
Parte 2: Si los niños reciben SNAP, FEP, o FDPIR escriba el número de caso. Si otra persona en el hogar recibe alguno de estos beneficios listen el nombre y el número de caso de esas personas aunque los niños enlistados no reciban beneficios.
Parte 4: Firmar la forma. Los últimos cuatro números del seguro social no son necesarios.
Parte 5: Conteste esta pregunta si usted decide. No ayuda a determinar si los beneficios están disponibles para todos

Si usted está solicitando un niño de ACOGIDA, siga estas instrucciones:

Parte 1: Incluir el niño de acogida en la misma aplicación que otros niños de su hogar. Escriba el nombre, edad y fecha de nacimiento e indicar si el niño es de ACOGIDA. Si solamente ha listado a niños de acogida, salte a la parte 4. Si hay otros niños que no son de acogida, siga las instrucciones para los niños que reciben SNAP, FEP, o FDPIR.
Parte 4: Firme la forma. Los últimos cuatro números del seguro social no son necesarios si solamente a enlistado niños de acogida.
Parte 5: Conteste esta pregunta si usted decide. No ayuda a determinar si los beneficios están disponibles para todos.

TODOS OTROS HOGARES sigan las direcciones siguientes:

Parte 1: Escriba el nombre, edad, y cumpleaños de todos los niños inscritos en el centro de guardería. Al lado del nombre de cada niño escriba ingresos recibidos, frecuencia y de donde viene. Si el niño no recibe ingreso marque la casilla. Si el niño es de acogida marque la casilla de niños de acogida.
Parte 3: Siga estas instrucciones pare reportar ingreso de otros miembros en el hogar de mes pasado.
Columna 1–Nombre: Escriba el nombre y apellido de cada persone que vive en el hogar, parientes o no (come abuelos o amigos), incluya se a usted mismo. Use otra hoja de papel si es necesario.
Columna 2–Marque si no tiene ingreso: Si la persona no tienen ingresos marque la casilla.
Columna 3 Y 4 –Ingreso bruto del mes pasado y frecuencia. Al lado del nombre de cada persona escriba el tipo de ingreso recibido el mes pasado y frecuencia recibida. Escriba el ingreso bruto (lo que gana no le que lleva a casa), es la cantidad antes de impuestos y otras deducciones.
La cantidad aparecerá en su recibo de pago o su empleador le puede decir. Junto a la cantidad, escriba cuantas veces la recibió (por hora, semanal, cada dos semanas, dos veces al mes o mensual). Otros ingresos: (cuarta columna). Desempleo, beneficios, CUALQUIER OTROS INGRESOS, etcétera.
Ingreso neto por ser dueño de negocio propio, granja, o ingresos por renta.
Junto a la cantidad, escriba la frecuencia que fue recibida. Si usted vive en casa Militar no incluya el subsidio de vivienda.
Parte 4: Un miembro adulto del hogar debe firmar la solicitud y la lista de los últimos cuatro dígitos de su número de seguro social o marcar la casilla si no tiene un número.
Parte 5: Conteste esta pregunta si usted decide. No ayuda a determinar si los beneficios están disponibles para todos

Ley de Privacidad: Esta parte explica como ocuparemos la información que nos ha dado

A menos que incluya el número de caso de estampillas de comida, de FEP, o de FDPIR, la Sección 9 de la Ley Nacional de Almuerzo Escolar requiere que dé el número de Seguro Social (SSN) del adulto que firmó esta solicitud, o debe indicar si dicho adulto no tiene SSN, no podremos aprobar esta solicitud. El número de Seguro Social puede ser usado para identificar al miembro del hogar para verificar que la información de esta solicitud es correcta. La verificación puede incluir una revisión del programa, auditorias, investigaciones, y puede incluir llamadas a su empleador para determinar sus ingresos, a la oficina de estampillas de comida, de FDPIR, o REP para determinar su certificación para recibir ayuda, a la oficina del Departamento de Trabajo de Estado para determinar el monto de beneficios recibidos y para confirmar la información entregada por escrito por el jefe de familia para comprobar los ingresos. Si se descubre información incorrecta, puede ser que pierda o se cancelen los beneficios, que se presenten reclamos administrativos o que se tome acción legal en contra suya.

Declaración de No-Discriminación: Esta parte explicara que tiene que hacer si usted cree que a sido tratado injustamente.

De acuerdo con la ley Federal y la política del Departamento de Agricultura, está prohibido que esta institución discrimine por motivo de raza, color, nacionalidad, sexo, edad o incapacidad. Para presentar una queja por discriminación, por favor escriba a *USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington DC 20250-9410* o llame gratis al (866) 632-9992 (Voz). Los individuos que son sordos o tienen discapacidades del habla pueden comunicarse con el USDA a través del Servicio Federal de Retransmisión en el (800) 877-8339, o (800) 845-6136 (español). USDA es un proveedor de igualdad de oportunidades y empleo.

El Centro puede calificar para recibir beneficios de comidas gratuitas o a precio reducido si su ingreso familiar está en o por debajo de los límites de esta tabla. Esto permitirá que el centro continúe ofreciendo comidas nutritivas para sus niños

FEDERAL ELIGIBILITY INCOME CHART
School Year 2012-2013

Household size	Yearly	Monthly	Weekly
1	20,147	1,679	388
2	27,214	2,268	524
3	34,281	2,857	660
4	41,348	3,446	796
5	48,415	4,035	932
6	55,482	4,624	1,067
7	62,549	5,213	1,203
8	69,616	5,802	1,339
Each additional person:	7,067	589	136

FORMA DE ELIGIBILIDAD DE INGRESOS - Familias

BENEFICIOS DE REEMBOLSO DE COMIDAS DE CUIDADOS DE NIÑOS EN CASA

Por favor use lapicero de tinta para completar la solicitud (No escriba en los casilleros grises)

Parte 1. Niños matriculados en el Centro (Use una forma separada para cada hijo de crianza)					**Parte 2. Beneficios**
Nombre de niños matriculados en el hogar de cuidado (Nombre y apellido)	Fecha de nacimiento Mes, día, año	Edad	Marque si es un **niño de acogida**	Marque NO si los niños no reciben ingresos	Escriba su número de caso si recibe **SNAP** (estampillas de alimento) **FEP**, **FDPIR. Salte a parte 4 si cualquiera de estos números son mencionados o si hay niños de acogida**
			❑	❑	
			❑	❑	
			❑	❑	
			❑	❑	
			❑	❑	
Parte 2 Cont. Otros miembros del hogar, incluir adultos que reciben SNAP, FEP, FDPIR					# de caso de otros miembros en el hogar (si hay alguno) y pase a la parte 5

Parte 3. Ingreso bruto de su hogar — Listar todos los miembros en el hogar incluir a los niños y sus ingresos. (Escriba todos los otros miembros del hogar incluyendo niños que no están en centro de cuidado y salario y tienen y niños de cuidado infantil si tienen salario.)

1. Nombre de todos otros miembros en el hogar Listar **todos las otras personas** en el hogar y el total de ingreso antes de deducciones. Escriba su primer nombre y apellido. Anote cuantas personas viven en su hogar:_____ Un miembro es cualquier niño o adulto que vivé en el hogar.	**2** **Marque si no hay ingresos**	**3. El Ingreso bruto y la frecuencia** **Por hora, Semanal, Cada 2 semanas (quincenal), Mensual**							
		Ganancias del trabajo antes de deducciones		Asistencia de beneficios sociales, sustento de menores, pensión de divorcio		Pensiones retiro, Seguro Social, SSI, VA beneficios		Todos los otros tipos de ingreso	
		Ingresos	Frecuencia	Ingresos	Frecuencia	Ingresos	Frecuencia	Ingresos	Frecuencia
	❑	$		$		$		$	
	❑	$		$		$		$	
	❑	$		$		$		$	
	❑	$		$		$		$	
	❑	$		$		$		$	
	❑	$		$		$		$	
	❑	$		$		$		$	
	❑	$		$		$		$	

Parte 4. Firma y Número de Seguro Social (Un Adulto debe firmar)

Un miembro adulto de la familia deberá firmar esta solicitud. Si completa la parte 4, el adulto que firma la solicitud deberá anotar su número de Seguro Social o marcar la casilla que indica que no tiene número de Seguro Social. (Vea el Acta de Privacidad al dorso.)

Certifico que toda la información en esta aplicación es correcta y verdadera, y que estoy reportando todos nuestros ingresos. Entiendo que entrego esta información para poder recibir fondos federales, y que los oficiales de la escuela pueden verificar los datos en esta solicitud y que una representación deliberadamente errónea de los datos pueden llevarme a juicio bajo leyes federales y estatales. Un adulto debe firmar la solicitud de acuerdo a las leyes federales antes que puedan ser aprobadas.

Firme Aquí: X_____ Nombre deletreado:_____ Fecha:_____

Dirección:_____Teléfono:_____

Número de Seguro Social: * * * * - * * * - ____ ____ ____ ____ ❑ No tengo número de Seguro Social

Parte5. Identidad étnica y racial de los niños (opcional)

Marque una identidad étnica		Marque una o más de las identidades raciales (independientemente de su origen étnico)		
❑ Hispano Latino ❑ No Hispano ni Latino		❑ Asiático ❑ Blanco	❑ Indígena Norteamericano o Nativo de Alaska ❑ Hawaiano o de otra isla del Pacífico	❑ De raza negra o Afro-Americano

No escriba en esta área. Esto es para uso oficial.

☐ **TIER I RATE**

☐ **TIER II RATE**

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: _____

Estimados Padres o Guardián: INSTRUCCIONES PARA LLENAR LA SOLICITUD

Si su familia recibe Asistencia Suplementaria de Nutrición (SNAP) beneficios (anteriormente cupones de alimentos), FEP o FDPIR siga estas instrucciones:

Parte 1: Escriba el nombre, edad, y cumpleaños de todos los niños inscritos en el centro de guardería.
Parte 2: Si los niños reciben SNAP, FEP, o FDPIR escriba el número de caso. Si otra persona en el hogar recibe alguno de estos beneficios listen el nombre y el número de caso de esas personas aunque los niños enlistados no reciban beneficios.
Parte 4: Firmar la forma. Los últimos cuatro números del seguro social no son necesarios.
Parte 5: Conteste esta pregunta si usted decide. No ayuda a determinar si los beneficios están disponibles para todos

Si usted está solicitando un niño de ACOGIDA, siga estas instrucciones:

Parte 1: Incluir el niño de acogida en la misma aplicación que otros niños de su hogar. Escriba el nombre, edad y fecha de nacimiento e indicar si el niño es de ACOGIDA. Si solamente ha listado a niños de acogida, salte a la parte 4. Si hay otros niños que no son de acogida, siga las instrucciones para los niños que reciben SNAP, FEP, o FDPIR.
Parte 4: Firme la forma. Los últimos cuatro números del seguro social no son necesarios si solamente a enlistado niños de acogida.
Parte 5: Conteste esta pregunta si usted decide. No ayuda a determinar si los beneficios están disponibles para todos.

TODOS OTROS HOGARES sigan las direcciones siguientes:

Parte 1: Escriba el nombre, edad, y cumpleaños de todos los niños inscritos en el centro de guardería. Al lado del nombre de cada niño escriba ingresos recibidos, frecuencia y de donde viene. Si el niño no recibe ingreso marque la casilla. Si el niño es de acogida marque la casilla de niños de acogida.
Parte 3: Siga estas instrucciones pare reportar ingreso de otros miembros en el hogar de mes pasado.
Columna 1–Nombre: Escriba el nombre y apellido de cada persone que vive en el hogar, parientes o no (come abuelos o amigos), incluya se a usted mismo. Use otra hoja de papel si es necesario.
Columna 2–Marque si no tiene ingreso: Si la persona no tienen ingresos marque la casilla.
Columna 3 Y 4 –Ingreso bruto del mes pasado y frecuencia. Al lado del nombre de cada persona escriba el tipo de ingreso recibido el mes pasado y frecuencia recibida. Escriba el ingreso bruto (lo que gana no le que lleva a casa), es la cantidad antes de impuestos y otras deducciones. La cantidad aparecerá en su recibo de pago o su empleador le puede decir. Junto a la cantidad, escriba cuantas veces la recibió (por hora, semanal, cada dos semanas, dos veces al mes o mensual). Otros ingresos: (cuarta columna). Desempleo, beneficios, CUALQUIER OTROS INGRESOS, etcétera. Ingreso neto por ser dueño de negocio propio, granja, o ingresos por renta.
Junto a la cantidad, escriba la frecuencia que fue recibida. Si usted vive en casa Militar no incluya el subsidio de vivienda.
Parte 4: Un miembro adulto del hogar debe firmar la solicitud y la lista de los últimos cuatro dígitos de su número de seguro social o marcar la casilla si no tiene un número.
Parte 5: Conteste esta pregunta si usted decide. No ayuda a determinar si los beneficios están disponibles para todos

Ley de Privacidad: Esta parte explica como ocuparemos esta forma.

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IEF PARENT LETTER FOR TIER II PROVIDERS

Dear Parent/Guardian,

The day care home where your children are enrolled offers healthy meals to children as part of their participation in the USDA's Child and Adult Care Food Program (CACFP). The CACFP provides reimbursements for healthy meals and snacks served to children enrolled in child care. Please help us meet CACFP requirements by completing the attached Income Eligibility Form.

Although you are not required to complete the IEF, it will help your day care provider receive a higher reimbursement for the meals served to your child and enable your provider to serve better choices. If you do complete the form you have the option of returning it directly to the provider or to the provider's sponsor. If you want to return it directly to the sponsor, please return it in the enclosed pre-stamped envelope. Either way, your information is confidential, and the provider will not look at it.

If any of your children qualify for free or reduced-price lunch at school and you have received a letter from the school or district notifying you of this, you may send a copy of the letter instead of filling out an IEF.

To help determine if your provider can receive a higher reimbursement, it is important that you fill out the IEF completely, making sure it is correct. If any person in the household qualifies for WIC, Medicaid, SNAP (Food Stamps), Food Distribution Program on Indian Reservations (FDPIR), or Family Employment Program (FEP), write the case number in the space provided on the IEF.
If no one in your household is on any of these programs, complete both the child enrollment section and the income section for each person. Write in the amount earned or check the box for no income for each person in the household. Use the total income amount, before anything is deducted from it (gross). If the amount earned isn't always the same, then list the amount you usually get, including overtime. Please include everyone who lives in your house who shares income and expenses, including foster children. You or your household members do not have to be U.S. citizens to complete this form.

If you are in the military, you do not need to include any money from the Family Subsistence Supplemental Allowance or the Military House Privatization Initiative as part of your income. If a family member is deployed, include only that portion of his or her income made available by them or on their behalf to the household. Combat pay, including Deployment Extension Incentive Pay (DEIP) is also not included as income.

Thank you for sharing this information and helping your day care. We try to improve the health and wellbeing of children, and are proud this day care home has joined us in this effort.

In the operation of child feeding programs, no person will be discriminated against because of race, color, national origin, sex, age or disability. If you have other questions or need help, call **[phone number].**

Sincerely,

Signature

If you would like to provide your form directly to the sponsor, return it completed to: **[(Sponsor) at name, address, phone number].**
___ Initial here if you consent to allowing [**Provider's Name]** to collect your form and provide it to the Sponsor. **[Provider's Name]** will not review your form.

IEF PROVIDER LETTER

Dear Provider:

To qualify for tier I reimbursement, or if you wish to receive reimbursement for meals served to your own children under the U.S. Department of Agriculture's Child and Adult Care Food Program (CACFP), you must qualify by following the instructions below:

To qualify for tier I reimbursement you must either (a) live in an area that is eligible based on economic need as determined by school enrollment or census data, or (b) establish economic need through the information provided on the enclosed Income Eligibility Form. We will first try to establish tier I eligibility by area.

If your home does not qualify by area, our office will use the information provided on the IEF by using either income or information showing you are participating in an eligible assistance program. Please be sure and read the directions completely. Make sure you complete and sign the form.

When reporting income, report all household income (not just your family day care home business income). Everyone in your household (such as grandparents, other relatives, or friends who live with you) who shares income and expenses must be included on the IEF. The records you send must show the name of the person who received the income, the date it was received, how much was received, and how often it was received these records should be statements form work or other forms of income.. The income you report must be the total gross income. If last month's income does not accurately reflect your circumstances, you may provide a projection of your monthly income. If you operated a family day care home business last year, attach a copy of your most recent tax return, including Schedule C unless It does not accurately reflect your current income.

If your household's income is equal to or less than the amounts indicated for your household's size on the attached Income Chart, you will receive a higher level of reimbursement. Once properly approved as a tier I provider or to claim your own children, you will remain eligible for those benefits until the IEF expires in a year. You should notify us if you or someone in your household becomes unemployed and the loss of income during the period of unemployment causes your household income to be within the eligibility standards.

If your housing is part of the Military Housing Privatization Initiative and you receive the Family Subsistence Supplemental Allowance, do not include these allowances as income. If you household has deployed service members, only that portion of a deployed service member's income made available by them or on their behalf to the household will be counted as income to the household. Combat Pay, including Deployment Extension Incentive Pay (DEIP) is also excluded and will not be counted as income to the household. All other allowances must be included in your gross income.

If you or anyone in your household qualifies for SNAP (Food Stamps), Food Distribution Program on Indian Reservations (FDPIR), or Family Employment Program (FEP), write the case number in the space provided on the IEF and provide a copy of the benefit determination letter from the appropriate agency.

You or your children do not have to be U.S. citizens to complete the form or participate on the program. **Return the completed form and other papers to: [at name, address, phone number].**

If you do not live in an area of economic need, or don't want to submit the IEF, you will receive lower rates of reimbursement for meals served to children enrolled in your day care.

Even if you live in an area identified as one of economic need, or you have already been classified as a tier I home, you must complete this form if you want to claim meals for your own children. Our office may verify the income information you submit. If any of your children qualify for free or reduced-price lunch at school and you have received a letter from the school or district notifying you of this, you may send a copy of the letter instead of filling out an IEF. A copy of one of these letters can only be used to qualify to claim your own children.

In the operation of the CACFP, no person will be discriminated against because of race, color, national origin, sex, age or disability.

If you have other questions or need help, call **[phone number].**

Sincerely,
[signature]