

**FREE/REDUCED-PRICE APPLICATIONS (CACFP-ADULTS)  
NCOME ELIGIBILITY FORMS**

**Keep instructions in your IEF binder**

Each adult claimed for free or reduced price reimbursement must have a valid application. A valid application is a complete application and is either **categorically eligible** or **income eligible**. Use **income eligibility guidelines** to determine eligibility.

The participant or family is responsible for completing the IEF with the information listed below.

<b>Categorically Eligible</b>	<b>Income Eligible</b>
<p>Enrolled adults are eligible for free meal benefits when the participant or another member of the household receives SNAP (formerly Food Stamp), Supplemental Security Income (SSI), Medicaid (Title IXX), or participates in the Food Distribution Program on Indian Reservations (FDPIR).</p> <p>A complete application is as follows:</p> <ol style="list-style-type: none"> <li>1. Name of adults enrolled in the care program;</li> <li>2. The case number from at least one member of the family who receives SNAP, SSI, Medicaid, or FDPIR ;</li> <li>3. Signature of an adult household member (enrolled adult, guardian, or case worker).</li> </ol>	<p>Eligibility is determined by income.</p> <ol style="list-style-type: none"> <li>1. Names of <b>all</b> household members;</li> <li>2. Current income (income received month prior to month applying) received by each household member including those dependent on the enrolled adult or indication there is no income;</li> <li>3. Source of income identified by individual who received it;</li> <li>4. The last four digits of the Social Security number of adult who signs application is listed or the box is checked that indicates the person does not have a social security number;</li> <li>5. Signature of adult household member (enrolled adult, guardian, or case worker).</li> </ol>

IEFs are good to the beginning of the month in which they were approved and expire at the end of the determination month one year later.

**THE INSTITUTION OFFICIAL MUST DO THE FOLLOWING TO FINALIZE APPROVAL:**

1. Complete area of form titled "Sponsor Official Use Only."
2. If income is reported as different pay periods, convert to annual income using the instructions in the shaded area. If income is all reported as the same pay period, regardless of the reported pay period, it does **not** need to be converted to monthly or annual income.
3. Total income, determine and mark benefit category, sign and date.