

**FREE/REDUCED-PRICE APPLICATIONS (CACFP-CCC)  
INCOME ELIGIBILITY FORMS**

**Keep instructions in your IEF binder.**

Each child claimed for free or reduced price reimbursement must have a valid application or a direct certification document received from the family. A valid application is a complete application and is either **categorically eligible** or **income eligible**. Use **income eligibility guidelines** to determine eligibility.

Categorically Eligible	Income Eligible
<p>Enrolled children are eligible for free meal benefits when a member of the household receives Family Employment Program (FEP) FEP, Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamps), or participates in the Food Distribution on Indian Reservations (FDPIR).</p> <p>A complete application is as follows:</p> <ol style="list-style-type: none"> <li>1. Name of all enrolled children are listed;</li> <li>2. The case number from at least one member of the family who receives FEP, FDPIR, or SNAP;</li> <li>3. Signature of an adult household member.</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 <i>each</i> household member or indication there is no income;</li> <li>3. Source of income is identified by the person 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.</li> </ol>
<p align="center"><b>Foster Child or Head Start Children:</b></p> <p>Include on the application with all other family members. Include:</p> <ol style="list-style-type: none"> <li>1. name of child;</li> <li>2. check if legally a foster child (ward of court) or a child currently enrolled Head Start</li> <li>3. child's personal income (example: funds provided by welfare agency or other sources that are identified for personal use);</li> <li>4. source of income</li> <li>5. signature of an adult household member.</li> </ol> <p>If the only children listed are foster children or Head Start children, the last four digits of a social security number are not required. Presence of a foster child or Head Start child <b>does not</b> make all other children categorically eligible. Only the foster child or Head Start child will be categorically eligible unless another family member receives the benefits listed above.</p>	
<p>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.</p>	
<p><b>THE INSITUTION OFFICIAL MUST DO THE FOLLOWING TO FINALIZE APPROVAL:</b></p> <ol style="list-style-type: none"> <li>1. Complete area of form titled "Sponsor Official Use Only."</li> <li>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 <b>not</b> need to be converted to monthly.</li> <li>3. Total income, determine and mark benefit category, sign and date.</li> </ol>	