

Child and Adult Care Food Program (CACFP) Income Eligibility Form (IEF) 2009 - 2010

Part 1 - Children Enrolled in Child Care: List the names and ages of children enrolled. Indicate each child's race and ethnicity. If this information is left blank, a center representative will complete it according to visual identification. This information is strictly for statistical reporting requirements and does not affect eligibility. **Note:** 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.

Last Name	First Name	Age	Ethnicity (select one) and Race (select one or more)
			Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino Race: <input type="checkbox"/> A <input type="checkbox"/> AI/AN <input type="checkbox"/> B/AA <input type="checkbox"/> H/PI <input type="checkbox"/> W
			Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino Race: <input type="checkbox"/> A <input type="checkbox"/> AI/AN <input type="checkbox"/> B/AA <input type="checkbox"/> H/PI <input type="checkbox"/> W
			Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino Race: <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 - Food Stamps or FDPIR (Food Distribution Program on Indian Reservations)

Write Case Number Here: _____ **GO TO PART 5.** (Quest Card and Social Security Numbers are not acceptable.)

Part 3 - Incomes to Report: List the names of all household members not listed in Part 1. Write the amount of last month's income for each household member who has income. Indicate if income is weekly (W), monthly (M), or annually (A).

The enrolled child listed above is a foster child. Report only personal income to the child in the chart below. Complete a separate form for each foster child. A foster child is a household of one.

Gross Income/Salary/Wages

- Gross income or cash income before deductions. If the child is a foster child, report only personal income to the child.
- Monetary compensation for services, including wages, salary, commissions, fees, or withdrawals from savings, investments, trust accounts, and other accounts.
- Net income from farm self-employment and/or non-farm self-employment. If income is negative list "0".
- If income is 0, list "0" and complete a new form within 45 days and every 45 days thereafter until income is listed.

Other Income

- Social Security, public assistance (or Welfare) payments, alimony, child support payments, and unemployment compensation.
- Private pensions or annuities, dividends or interest, income from estates or trusts, net rental income, and net royalties.
- Student financial assistance (grants or scholarships) not used to meet education expenses.
- Regular contributions from persons not living in the household.

Last Name	First Name	Gross Income/ Salary/Wages	Other Income	TOTALS Center Use Only
		\$ 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
		\$ W M A	\$ W M A	\$ W M A

Total Number in Household _____ **Note:** If necessary, convert multiple income schedules to annual income. Multiply weekly income by 52, bi-weekly by 26, monthly by 12.

Total Income:	\$ W M A
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Part 4 - Social Security Number: If the adult household member completing this form does not provide a Food Stamps or FDPIR number in Part 2, the person completing this form must provide a full Social Security Number (SSN).

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If the Adult Household Member signing this form does not have a Social Security Number, check this box.

Part 5 - Signature: I certify that all of the information on this form is true and correct and is given 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. Note: If the child is a foster child, an official of a court or other agency with responsibility for the child may sign this form.

Signature of Adult Household Member	Date	Street Address
Printed Name		City State Zip Code
		Home Telephone Work Telephone

FOR CENTER STAFF USE ONLY

Income Category (check one): Free Reduced Paid (Ineligible for Free or Reduced Priced meals)

This form is valid for one year from the determination date, once dated and signed by the center's eligibility official.

Signature of Center's Eligibility Official	Determination Date: <table style="display: inline-table; border: 1px solid black; width: 100px; height: 20px; vertical-align: middle;"> <tr> <td style="width: 50%; text-align: center;">Month</td> <td style="width: 50%; text-align: center;">Year</td> </tr> </table>	Month	Year
Month	Year		