

**INCOME ELIGIBILITY STATEMENT**  
**Child and Adult Care Food Program**  
**Child Care Center: Non-Pricing Program**

**PART 1**

Child's Name: \_\_\_\_\_  
Last First Middle

**PART # - FOSTER CHILD: Complete this Part and sign the statement in Part 4.**

If this is a foster child, check this box . Write the child's income and how often it is received here:

\$ \_\_\_\_\_ / \_\_\_\_\_

**PART 3A - HOUSEHOLDS NOW GETTING FOOD STAMPS OR VA TANF FOR THEIR CHILDREN**

Complete this Part and sign the statement in Part 4 - DO NOT complete Part 3B.

Food Stamp Case Number: \_\_\_\_\_ VA TANF Number: \_\_\_\_\_

**PART 3B - ALL OTHER HOUSEHOLDS - If you did not write a Food Stamp or TANF case number, complete this Part and sign the statement in Part 4.**

NAMES		CURRENT INCOME/FREQUENCY		
List of Names of Everyone in Your Household.	Earnings from Work (Before Deductions) Job 1.	Welfare, Child Support, Alimony.	Payments from Pension Retirement, Social Security.	Job 2 or Any Other Income.
1. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
2. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
3. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
4. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
5. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
6. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
7. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
8. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____

**Name and Social Security Number of Primary Wage Earner or Household Member who signs this form (Privacy Act Statement).**

Name: \_\_\_\_\_ Social Security \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**PART 4 - SIGNATURE: An adult household member must sign the statement before it can be approved.**

**PENALTIES FOR MISREPRESENTATION:** I certify that all of the above information is true and correct and that the Food Stamp number or TANF number is correct or that all income is reported. I understand that this information is being given for the receipt of Federal Funds: that institution officials may verify the information on the statement and the deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

Signature of Adults: \_\_\_\_\_ Printed Name of Adult: \_\_\_\_\_

Date Signed \_\_\_\_\_ Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_ Home Address \_\_\_\_\_ Zip Code \_\_\_\_\_

**PART 5 - RACE/ETHNIC IDENTITY: You are not required to answer this question.**

WHITE, not of Hispanic Origin  BLACK, not of Hispanic Origin  HISPANIC  ASIAN or PACIFIC ISLANDER  AMERICAN INDIAN or ALASKA NATIVE

Section 9 of the National School Lunch Act requires that, unless your children's food stamp or TANF case number is provided, you must include a social security number on the statement. This may be either the social security number of the parent or guardian who is the primary wage earner or the social security number of the adult household member signing the statement, or an indication that neither household member possesses a social security number. Provision of a social security number is not mandatory, but if a social security number is not provided or an indication is not made that neither the primary wage earner nor the adult household member signing the statement has one, the statement cannot be approved. This notice must be brought to the attention of the household member whose social security number is disclosed. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the statement. These verification efforts may be carried out through program review, audits, and investigations and may include contacting employers to determine income, contacting a food stamp or welfare office to determine current certification for receipt of food stamps or TANF benefits received and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported.

**FOR INSTITUTION USE ONLY: TANF/Food Stamp Household Categorically eligible Free: \_\_\_\_\_**

Total Family Income: \_\_\_\_\_ Family Size: \_\_\_\_\_

Eligibility Classification Free: \_\_\_\_\_ Reduced: \_\_\_\_\_ Paid: \_\_\_\_\_

Determining Official: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_