



CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

Institution or Facility Name:

Part 1. Name of Child(ren) Enrolled:

Table with 2 columns: Name of child, and checkbox for foster child status.

Full names of all household members

Table with 2 columns: Name of household member, and checkbox for foster child status.

Part 2. Benefits: If any member of your household received [SNAP], [FDPIR] or [TANF cash assistance], provide the name and case number for the person who receives benefits. If no one receives these benefits, skip to part 3.

Part 3. If any child you are applying for is homeless, a migrant, or a runaway, call the State agency for instructions.

Part 4. Total Household Gross Income—You must tell us how much and how often (whole dollar amounts, please)

Table for Part 4: Total Household Gross Income. Includes a box for household size and a table with 4 columns for different income sources.

This section required for all forms listing income in Part 4: Last four digits of Social Security Number: X X X - X X - _____ I do not have a Social Security Number

Part 5. Signature (Adult must sign) An adult household member must sign this form.

I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.

Sign here: _____ Print name: _____
Date: _____
Address: _____ Phone Number: _____
City: _____ State: _____ Zip Code: _____

