

# INCOME ELIGIBILITY STATEMENT – CHILD

## Child and Adult Care Food Program

### PART 1

Child's Name: \_\_\_\_\_  
*Last*
*First*
*M.I.*

### PART 2 – HOUSEHOLDS NOW GETTING FOOD STAMPS, TANF OR FDPIR BENEFITS: Complete this part and sign statement in Part 3 – DO NOT complete part 2b

Food stamp case number: \_\_\_\_\_ TANF identification number: \_\_\_\_\_  
 FDPIR number: \_\_\_\_\_

### PART 2B – ALL OTHER HOUSEHOLDS: If you did not complete Part 2A, complete this part and Part 3

NAMES	CURRENT INCOME / FREQUENCY			
	Names of all Household members	Job income (Before Deductions) / per week, month, etc.	Welfare, Child Support, Alimony / per week, month, etc.	Payments from Pensions, Retirements, Social Security / per week, month, etc.
1. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
2. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
3. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
4. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
5. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
6. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
7. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
8. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____

### PART 2C – FOSTER CHILD: Complete this part and Part 3. If this is a foster child, check here [ ] and write the child's income and how often it is received here: \$ \_\_\_\_\_ per \_\_\_\_\_.

### PART 3 – SIGNATURE: An adult household member must sign the statement before it can be approved.

**PENALTIES FOR MISREPRESENTATION:** I certify that all the above information is true and correct and that the food stamp, TANF, or FDPIR number is correct of 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 that the deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

Signature of adult: \_\_\_\_\_ Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Printed name of adult: \_\_\_\_\_

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

### PART 4 – RACIAL/ETHNIC IDENTITY: You are not required to provide this information.

[ ] WHITE, not of Hispanic origin    [ ] BLACK, not of Hispanic origin    [ ] HISPANIC    [ ] ASIAN/PACIFIC ISLANDER  
 [ ] AMERICAN INDIAN/ALASKAN NATIVE

Section 9 of the National School Lunch Act shall require that, unless the participant's food stamp, TANF, or FDPIR number is provided you must include social security number of the household member signing the statement or an indication that the household member signing the statement does not possess a social security number. Provision of the social security number is not mandatory, but if a social security number is not provided or an indication is not made that the adult household member signing the statement does not have one, the statement cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of the information stated on the statement. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting food stamp, TANF, or FDPIR office to determine current certification for receipt of food stamps, TANF, or FDPIR benefits, contacting the state employment security office to determine the amount of 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 Sponsor Use Only:** Food stamp/TANF/FDPIR household category eligible for program benefits [ ] Yes [ ] No  
 MONTHLY INCOME CONVERSION: WEEKLY X 4.33, EVERY 2 WEEKS X 2.15, TWICE A MONTH X 2

Total family income: \_\_\_\_\_ Family Size: \_\_\_\_\_  
 Eligibility classification: Free \_\_\_\_\_ Reduced \_\_\_\_\_ Paid \_\_\_\_\_  
 Signature of Determining official: \_\_\_\_\_ Date: \_\_\_\_\_