

INCOME ELIGIBILITY FORM FOR CHILD CARE CENTERS

Please use ink. Do not mark in shaded areas or use correction fluid.

Part 1. Household Children Enrolled in Day Care						Part 2. Benefits
Names of all household children enrolled in daycare (First and Last name)	Birthday Month, day, year	Age	Check if Foster Child	List child's income, source, how often rec'vd	Check if child gets NO income	List case # if receiving SNAP (formerly Food Stamp), FEP , or FDCIR (if any). Skip to Part 4 if any of these numbers are listed or if all children listed are foster children.
			<input type="checkbox"/>		<input type="checkbox"/>	
			<input type="checkbox"/>		<input type="checkbox"/>	
			<input type="checkbox"/>		<input type="checkbox"/>	
			<input type="checkbox"/>		<input type="checkbox"/>	
			<input type="checkbox"/>		<input type="checkbox"/>	
Other household member receiving benefits above listed if no enrolled children receive benefits						List case # if receiving any benefits listed above and skip to Part 5

Part 3. Total Household Gross Income—List all other household members including children not in daycare and their income if any.														
1. Name of All Other Household Members				2. How much total income and how often it is received										
List everyone else in household <u>and</u> the total income each earns before deductions				Check if NO income		Earnings from work before deductions		Welfare, child support, alimony		Pensions, retirement, Social Security, SSI, VA benefits		All other income and source		
				Income	How often	Income	How often	Income	How often	Income	How often	Income	How often	
				<input type="checkbox"/>	\$		\$		\$		\$		\$	
				<input type="checkbox"/>	\$		\$		\$		\$		\$	
				<input type="checkbox"/>	\$		\$		\$		\$		\$	
				<input type="checkbox"/>	\$		\$		\$		\$		\$	
				<input type="checkbox"/>	\$		\$		\$		\$		\$	
				<input type="checkbox"/>	\$		\$		\$		\$		\$	
				<input type="checkbox"/>	\$		\$		\$		\$		\$	
				<input type="checkbox"/>	\$		\$		\$		\$		\$	

Total Number of People In Household _____

Part 4. Signature and Last Four Digits of Social Security Number (Adult must sign)	
An adult household member must sign this application. If Part 3 is completed, the adult signing the form must also list the last four (4) digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)	
<i>I certify (promise) that all information on this application is true and that all income is reported. I understand that the Provider will get Federal funds based on the information I give. I understand that Program officials may verify (check) the information. I understand that if I purposely give false information I may be prosecuted.</i>	
Sign here: X _____ Print name: _____ Date: _____	
Address: _____ Phone Number: _____	
Social Security Number: _____ - _____ - _____ <input type="checkbox"/> I do not have a Social Security Number	

Part 5. Children's ethnic and racial identities (optional)	
Mark one ethnic identity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	Choose one or more (regardless of ethnicity): <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander

Don't fill out this part. This is for official use only.	
Annual Income Conversion: Hourly x 2080, Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24	
Total Income: _____ Per: <input type="checkbox"/> Week, <input type="checkbox"/> Every 2 Weeks, <input type="checkbox"/> Twice A Month, <input type="checkbox"/> Month, <input type="checkbox"/> Year Household size: _____	
Categorical eligibility: _____ Income eligibility: Free _____ Reduced _____ Paid _____ Reason (if paid): _____	
Temporary Free ("0" income) _____ Time Period (date): _____ (expires after 45 days)	
Approving Official's Signature: _____ Date of approval: _____	

Dear Day Care Parent:

INSTRUCTIONS FOR COMPLETING THE FORM

If your household gets Supplemental Nutrition Assistance Program (SNAP) benefits (formerly Food Stamp), FEP, or FDPIR, follow these instructions:

Part 1: List name, age, and birthday for all children in household enrolled in daycare.

Part 2: If the child receives SNAP, FEP, or FDPIR list the case number. If an adult or other family member receives any of these benefits, even if the enrolled children do not, list the person's name and case number.

Part 4: Sign the form. The last four digits of the Social Security Number are not necessary.

Part 5: Answer this question if you choose to. It helps determine whether benefits are available to everyone.

If you are applying for a FOSTER CHILD, follow these instructions:

Part 1: Include the foster child on the same application as your other household children. List the child's name, age and birth date and indicate if the child is a FOSTER child. If only foster children are listed, skip to Part 4. If children other than foster children are listed, follow instructions for children receiving SNAP, FEP, or FDPIR above or all other households below.

Part 4: Sign the form. The last four digits of the Social Security Number is not necessary if only foster children are listed.

Part 5: Answer this question if you choose to. It helps determine whether benefits are available to everyone.

ALL OTHER HOUSEHOLDS, follow these instructions:

Part 1: List each child's name, age, and birth date that are enrolled in daycare. Next to each child's name list income received, how often it is received, and where it comes from. If the child does not receive income, check the no income box. If the child is a foster child, check the foster child box.

Part 3: Follow these instructions to report total household income from other household members from last month.

Column 1-Name: List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends), including yourself. Attach another sheet of paper if you need to.

Column 2-Check if no income: If the person does not have any income, check the box.

Column 3 & 4 -Gross income last month and how often it was received. Next to each person's name list each type of income received last month, and how often it was received. For example, *Earnings from work:* List the **gross income** each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your employer can tell you. Next to the amount, write how often the person got it (hourly, weekly, every other week, twice a month, or monthly). *All other income:* Examples of other income are (fourth column):

Worker's Compensation, Unemployment, Strike benefits, Disability benefits,

Regular contributions from people who do not live in your household, and ANY OTHER INCOME.

Net income for self-owned business, farm, or rental income.

Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.

Part 4: An adult household member must sign the form and list the last four digits of his or her Social Security Number, or mark the box if he or she doesn't have a Social Security Number.

Part 5: Answer this question if you choose to. It helps determine whether benefits are available to everyone.

Privacy Act Statement: Unless you list the child's SNAP, FDPIR, or FEP case number, Section 9 of the National School Lunch Act requires that you include the last four digits of the Social Security Number (SSN) of the household member signing the application or indicate that the household member does not have a SSN. You do not have to list the last 4 digits of the SSN, but if they are not listed or an indication is not made that the adult household member signing the application does not have a SSN, we cannot approve the application. The SSN may be used to identify the household member in verifying the correctness of information stated on the application. This may include program reviews, audits, and investigations and may include contacting employers to determine income, contacting a SNAP, FDPIR, FEP, Medicaid or WIC office to determine current certification for SNAP, FDPIR, or FEP benefits, contacting the Department of Workforce Services 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.

Non-discrimination Statement: In accordance with federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). The USDA is an equal opportunity provider and employer.

FEDERAL ELIGIBILITY INCOME CHART			
School Year 2011-2012			
Household size	Yearly	Monthly	Weekly
1	20,147	1,679	388
2	27,214	2,268	524
3	34,281	2,857	660
4	41,348	3,446	796
5	48,415	4,035	932
6	55,482	4,624	1,067
7	62,549	5,213	1,203
8	69,616	5,802	1,339
Each additional person:	7,067	589	136