

**CHILD AND ADULT CARE FOOD PROGRAM
HOUSEHOLD ELIGIBILITY APPLICATION FOR CHILD CARE CENTERS**

Parents: Complete this application by following the instructions provided in the parent letter.

<p>1 CHILDREN ENROLLED IN CHILD CARE CENTER AND THEIR AGE</p> <p>NAME (First and Last) _____ AGE _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>2 SNAP OR TANF CASE NUMBER</p> <p>LIST EACH CHILD'S SNAP OR TANF CASE NUMBER, IF ANY. Do not use LINK card or subsidized child care case number.</p> <p>After completing, skip to Number 5.</p>	<p>3 FOSTER CHILD</p> <p><input type="checkbox"/> Check here if applying for a foster child.</p> <p>Complete a separate application for each foster child. A foster child is the legal responsibility of the welfare agency or court and resides in your home. List only the child's monthly personal-use income. Write "0" if child has no personal-use income. After completing, skip to Number 5.</p> <p align="right">\$ _____</p>
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4 HOUSEHOLD MEMBERS AND GROSS INCOME—List the names of everyone living in household, related or non-related. If a person has a second job, list that income in the last column. After completing, go to **Number 5.**

NAMES (List Everyone in Household)	GROSS INCOME AND HOW OFTEN IT WAS RECEIVED (Example: \$100/month; \$100 /twice a month; \$100/every other week; \$100/week)			
	Gross Income (Before Deductions)	Welfare, Unemployment, Child Support, Alimony	All Other Income, Pensions, Social Security	Income Received From Savings, Investments, Trust Accounts, and Other Resources
	How Much? / How Often?	How Much? / How Often?	How Much? / How Often?	How Much? / How Often?
1.	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
2.	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
3.	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
4.	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
5.	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
6.	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____

5 SOCIAL SECURITY NUMBER AND SIGNATURE—An adult household member must sign the application. If Number 4 is completed above, the adult signing the form must also list his or her social security number or mark the *I do not have a social security number* box.

_____-_____-_____
Social Security Number

I do not have a social security number.

I certify all information is true and correct and that all income is reported. I understand this information is being given for the receipt of federal funds. I understand the institution, Illinois State Board of Education, or Office of Inspector General, may verify this information on the application. Deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

_____ Date _____ Printed Name of Adult Household Member _____ Signature of Adult Household Member

_____ Home Telephone Number _____ Work Telephone Number _____ Home Address (Number, Street, City, Zip Code)

6 ALL KIDS HEALTH INSURANCE PROGRAM—All Kids offers affordable health insurance for children, and your child(ren) may qualify. We may share your application information with All Kids unless you do not want us to. If you DO NOT want us to share this information, sign here.

_____ Signature of Parent of Legal Guardian

CHILD CARE REPRESENTATIVE USE ONLY—ELIGIBILITY DETERMINATION—COMPLETE ALL FOUR SECTIONS

Follow the instructions provided in the Household Eligibility Information booklet to process this application. The instructions are called—*Instructions for Sponsors to Process Household Eligibility Applications.*

<p>SECTION 1</p> <p>Mark one of the boxes below to show how you are going to determine eligibility.</p> <p><input type="checkbox"/> SNAP/TANF Household—The SNAP or TANF number meets the criteria for an acceptable case number. Complete Sections 2, 3, and 4.</p> <p>OR</p> <p><input type="checkbox"/> Foster Child Income—Compare the foster child's personal-use income to the Household Income Eligibility. Complete Sections 2, 3, and 4.</p> <p>OR</p> <p><input type="checkbox"/> Income Household—Complete the information below and Sections 2, 3, and 4.</p> <p>Total Household Size _____ / _____</p> <p>Total Household Income \$ _____ / _____</p> <p align="center">Example: \$100/week, or \$100/every 2 weeks</p> <p>Compare total income to <i>Household Income Eligibility Guidelines</i>. When household incomes are listed for different pay periods, you must convert all income to yearly income by using the conversion table above.</p>	<p>SECTION 2</p> <p>Based on the information provided this application will be:</p> <p><input type="checkbox"/> Approved Free</p> <p><input type="checkbox"/> Approved Reduced</p> <p><input type="checkbox"/> Denied—The meals will be claimed in the paid category.</p> <hr/> <p>SECTION 3</p> <p>Signature of Representative _____</p> <p>Date _____</p> <hr/> <p>SECTION 4</p> <p>Effective Date _____</p> <p><i>The effective date can be made retroactive back to the first day the child participates in the CACFP as long as it occurs in the same month this form is received.</i></p>
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NON-DISCRIMINATION: 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, SW, Washington, DC 20250-9410 or call 800/795-3272 or 202/720-6382 (TTY). USDA is an equal opportunity provider and employer.

PRIVACY ACT STATEMENT: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced-price meals. You must include the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP) (formerly known as the Food Stamp Program), Temporary Assistance for Needy Families (TANF) Program, or Food Distribution Program on Indian Reservations (FDPIR) case number for your child or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced-price meals, and for administration and enforcement of the Program.