

Dropped Date: _____ Re-Entered Date: _____ Transferred Date: _____

CHILD AND ADULT CARE FOOD PROGRAM (CACFP)

MEAL BENEFIT INCOME ELIGIBILITY FORM

FREE AND REDUCED PRICE MEAL (FRPM) APPLICATION FORM (October 1, 2020 – September 30, 2021)

INSTITUTION NAME: _____ FACILITY NAME: _____

PART 1. CHILD OR ADULT ENROLLED TO RECEIVE DAY CARE (USE A SEPARATE APPLICATION FOR EACH PARTICIPANT)

Print Name of Participant:	(First, Middle Initial, Last)	Age	DOB (mm/dd/yy)
Foster Child?	Yes _____	No: _____	
Enter CID # for <u>Child or Adult Care, if applicable</u> :	If participant is in Foster Care, Eligibility is FREE . Enter Foster Child's Personal Income Earned in Part 2, Section 4 (If applicable)		
Enter FITAP or FDPIR # for <u>Child or Adult Care, if applicable</u> :			
Enter SSI/Medicaid # for <u>Adult Day Care Only</u>			

PART 2. Total Household Gross Income

If you listed a CID/FITAP/FDPIR/SSI/Medicaid case # above, Eligibility is FREE (Skip PART 2.)

A. Name (List everyone in household, including child listed above)	B. Gross income and how often it was received Examples: \$100 / monthly \$100 / twice a month \$100 / every two weeks \$100 / weekly				C. Check if NO income
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Social Security, pensions, retirement	4. All Other Income	
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>

PART 3: USDA Supplemental Annual Enrollment Information: (This section must be completed annually by an adult household member for all children enrolled at Child Care Centers participating in the USDA Child and Adult Care Food Program.)

Expected Days of participation: _____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

Expected Hours of participation: From _____ To _____ or **Before School: From _____ To _____** **Afterschool: From _____ To _____**

Expected Meal participation: _____ Breakfast _____ Lunch _____ Snack

PART 4. Adult Signature, Social Security Number, and Contact Information

An adult household member must sign this form. If **Part 3** is completed, 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. (See Privacy Act Statement on page 2.)

I certify that all information on this form is true and that all income is reported. I understand that the center 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: _____
 Social Security Number: XXX -XX - _____ I do not have a Social Security Number

Part 5. Participant's ethnic and racial identities (optional)

Mark one ethnic identity: Hispanic or Latino Not Hispanic or Latino Mark one or more racial identities: Asian White Black or African American American Indian or Alaskan Native Native Hawaiian or Other Pacific Islander

For Official Use Only: Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income: _____ Per: Month, Twice a month, Every two weeks, Week, Year Household size: _____

Eligibility Determination: _____ Free CID(Food Stamp)/FITAP/FDPIR/SSI/Medicaid Eligible _____ Reduced _____ Above/ Paid

Extended Categorical Eligibility Validation Attached _____ YES _____ NO

Determining Official's Signature: _____ Date: _____

The Sponsor/Institution Determining Official will utilize this **CACFP 108** (Standards of Eligibility) to confirm participant's eligibility status as Free, Reduced, or Above.

Effective July 1, 2020 to June 30, 2021

Free Price Meal Eligibility:

Households with incomes less than or equal to these levels are eligible for free price meals.	Household Size	Yearly	Monthly	Twice Per Month	Every Two Weeks	Weekly
	1	\$16,588	\$1,383	\$692	\$638	\$319
	2	\$22,412	\$1,868	\$934	\$862	\$431
	3	\$28,236	\$2,353	\$1,177	\$1,086	\$543
	4	\$34,060	\$2,839	\$1,420	\$1,310	\$655
	5	\$39,884	\$3,324	\$1,662	\$1,534	\$767
	6	\$45,708	\$3,809	\$1,905	\$1,758	\$879
	7	\$51,532	\$4,295	\$2,148	\$1,982	\$991
	8	\$57,356	\$4,780	\$2,390	\$2,206	\$1,103
Each additional family member add	+ \$5,824	+ \$486	+ \$243	+ \$224	+ \$112	

Reduced Price Meal Eligibility:

Households with incomes less than or equal to these levels are eligible for reduced price meals.	Household Size	Yearly	Monthly	Twice Per Month	Every Two Weeks	Weekly
	1	\$23,606	\$1,968	\$984	\$908	\$454
	2	\$31,894	\$2,658	\$1,329	\$1,227	\$614
	3	\$40,182	\$3,349	\$1,675	\$1,546	\$773
	4	\$48,470	\$4,040	\$2,020	\$1,865	\$933
	5	\$56,758	\$4,730	\$2,365	\$2,183	\$1,092
	6	\$65,046	\$5,421	\$2,711	\$2,502	\$1,251
	7	\$73,334	\$6,112	\$3,056	\$2,821	\$1,411
	8	\$81,622	\$6,802	\$3,401	\$3,140	\$1,570
Each additional family member add	+ \$8,288	+ \$691	+ \$346	+ \$319	+ \$160	

Privacy Act Statement: This explains how we will use the information you give us.

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 last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (CID), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child 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 lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

Nondiscrimination Statement: This explains what to do if you believe you have been treated unfairly. In accordance with Federal law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, disability, and reprisal or retaliation for prior civil rights activity. (Not all prohibited bases apply to all programs.)

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, and American Sign Language) should contact the responsible State or local Agency that administers the program or USDA's TARGET Center at **(202) 720-2600** (voice and TTY) or contact USDA through the Federal Relay Service at **(800) 877-8339**.

To file a program discrimination complaint, a complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form, which can be obtained online, at <https://www.ocio.usda.gov/document/ad-3027>, from any USDA office, by calling **(866) 632-9992**, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

mail:

U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or

fax:

(833) 256-1665 or (202) 690-7442;

email:

program.intake@usda.gov

This institution is an equal opportunity provider.

INSTRUCTIONS FOR THE FREE/REDUCED PRICE MEAL (FRPM) APPLICATION FORM

If your household receives SNAP, FITAP, FDPIR, or SSI/Medicaid, follow these instructions:

- Part 1: Child Care Center:** List participant's complete legal name, age and date of birth (DOB). Indicate CID, FITAP or FDPIR case number, if applicable.
Adult Day Care (ADC): List participant's complete name and DOB. Indicate a CID, FITAP, FDPIR, or SSI/Medicaid case number, if applicable.
- Part 2:** Skip this part.
- Part 3:** An adult household member must indicate normal days/hours of care and meal types for the enrolled child.
- Part 4:** An Adult must Sign, enter the last 4 digits of their Social Security Number or mark the box if there is no SSN, date, and complete the contact information.
- Part 5:** Answering this question is optional.

If you are applying on behalf of a FOSTER CHILD, follow these instructions:

- Part 1:** Enter the child's name, age, and DOB.
Check "Yes"
- Part 2: NOTE:** A Foster Child is the legal responsibility of a welfare agency or court. Eligibility is categorically Free. If the Foster Child receives "**personal earned income**" enter that amount in Part 2, section 4. Income received by the placing agency should not be included as income.
- Part 3:** An adult household member must indicate normal days/hours of care and meal types for the enrolled child. (**Days, hours, and meal types may vary based on actual participation**)
- Part 4:** Sign the form. A Social Security Number is **not** necessary.
- Part 5:** Answering this question is optional.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

- Part 1: Child Care Center:** List participant's complete legal name, age, and DOB. Indicate CID, FITAP or FDPIR case number, if applicable.
Adult Day Care (ADC): List participant's complete name, age, and DOB. Indicate a CID, FITAP, FDPIR, or SSI/Medicaid case number, if applicable.
- Part 2:** Follow these instructions to report total household income from last month.
Column A–Name: List first and last name of **each** person living in the household, related or not, such as, grandparents, other relatives, or friends, including yourself, the applicant and all other children.
Column B–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.
In Box 1, list 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.** Next to the amount each person received, write how often; for example: weekly, every other week, twice a month, or monthly.
In box 2, list amount each person received last month from welfare, child support, or alimony.
In box 3, list Social Security, pensions, and retirement.
In box 4, list ALL OTHER INCOME SOURCES: Personal earned income by a Foster Child, Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people not in your household. Report net income of self-owned business, farm, or rental income. Next to the amount each person received, write how often. Participants of the Military Housing Privatization Initiative should not include housing allowance.
Column C–Check if no income: If the person does not have any income, check the box.
- Part 3:** An adult household member must indicate normal days/hours of care and meal types for the enrolled child.
ADC: SSI/Medicaid recipients skip this part.
- Part 4:** An Adult household member must sign, enter the last 4 digits of their Social Security Number, date, and complete the contact information or mark the box if there is no SSN. Adult Day Care participants, who are unable to sign, may indicate their "**MARK**" as signature with a witness.
- Part 5:** Answer this question if you choose to.