Delaware Department of Education
Child and Adult Care Food Program (CACFP)

ADULT INCOME ELIGIBILITY FORM

PART 1 *(Complete one application per household. Please use a pen, not a pencil.)*

Definition of **Household Member**: "Anyone who is living with you and shares income and expenses, even if not related."

List names of Enrolled Adult Participants.

Adult's First Name	MI	Adult's Last Name	Date of Birth	Ethnicity Hispanic or Latino? Yes	No	Race (check one or more) American Indian or Alaskan Native	Asian	Black Or African American	Native Hawaiian or Other Pacific Islander	White
				☐	☐	☐	☐	☐	☐	☐
				☐	☐	☐	☐	☐	☐	☐
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PART 2 - ENROLLMENT

Start Date:		Arrival Time:		AM/PM	Departure Time:		AM/PM	Shift Work:	Yes/No

Normal days of week Participant(s) is/are in care *(circle all that apply):*	Mon	Tues	Wed	Thurs	Fri	Sat	Sun

Meals eaten at Providers/Center: (*Circle all that apply. CACFP provides reimbursement for up to 2 approved meals and one snack per day/participant*):

Breakfast	AM Snack	Lunch	PM Snack	Supper	Evening Snack

PART 3 – HOUSEHOLD INCOME

Do any Household Members (including you) currently receive one or more of the following assistance programs: SNAP, SSI, or Medicaid?

Check one: ☐ **Yes** / ☐ **No**

If you answered NO – Complete the Income section of Part 3.
If you answered YES – Write the name and case number for the person who receives benefits below, then go to Part 4.

NAME:_____ CASE NUMBER:_____

All Adult Household Members (including yourself)
List all Household Members not listed in Part 1 (including yourself) **even if they do not receive income**. For each Household Member listed, if they do receive income, report total income for each source in whole dollars only. If they do not receive income from any source, write "0". If you enter "0" or leave any fields blank, you are certifying (promising) that there is not income to report.

Names of ALL Household Members including spouse and dependent children of participant(s) (First/Last)	Earnings from Work (Before Deductions)	How Often? Weekly	Bi-Weekly	2x Month	Monthly	Public Assistance/ Child Support/ Alimony	How Often? Weekly	Bi-Weekly	2x Month	Monthly	Pensions/SSI/ Retirement/ All Other Income	How Often? Weekly	Bi-Weekly	2x Month	Monthly
1	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐
2	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐
3	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐
4	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐
5	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐

PART 4 – CONTACT INFORMATION and ADULT SIGNATURE

An adult household member must **sign and date** this form before it can be approved.

"I certify (promise) that all information on this application 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 the meals may lose the meal benefits, and I may be prosecuted under applicable State and Federal laws."

Total Household Members (Children and Adults)		Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household * * * - * * - ____ ____ ____ ____	Check if No SSN ☐

Street Address (if available)	City	State	Zip	Daytime Phone and Email (optional)
Printed Name of adult completing the form	Signature of adult completing the form			Today's Date

SPONSOR USE ONLY:

Categorical Eligibility (If Yes, Check One): ☐ SNAP (Food Stamp) ☐ SSI ☐ Medicaid

DATE WITHDRAWN: _____

Total Household Income: _____ Family Size: _____ (Include all Participants)
Yearly Income Conversion: ***Weekly x 52; Every Two Weeks x 26; Twice a Month x 24; Monthly x 12***

ELIGIBILITY - Based on the information provided, this application will be:

☐ Approved FREE ☐ Approved REDUCED ☐ Denied – The meals will be claimed in the PAID category.

Determining Official Signature: _____ Review/Effective Date: _____

Instructions for Completing the Child and Adult Care Food Program (CACFP) Income Eligibility Form

Please complete the Child and Adult Care Food Program Income Eligibility Form using the instructions below. Sign the form and return it to the center/sponsor. Call the center/sponsor if you need help.

PART 1: PARTICIPANT(s) INFORMATION:

- Print the name(s) of all Participant(s) enrolled.
- RACIAL/ETHNIC IDENTITY: We are required to ask for information about the participant's race and ethnicity. This information is important, and helps us to make sure we are fully serving the community. Responding to this section is optional, and does not affect the participant's eligibility.

PART 2: ENROLLMENT

- Start date, arrival and departure times, normal days and normal meals must be completed at the time of enrollment and/or renewal.

PART 3: HOUSEHOLD INCOME

- List current SNAP, SSI, or Medicaid Case Number for the participant. DO **NOT** complete the Income section. **Go to PART 4.**

ALL Household Members (including yourself) complete this section. List all Household Members even if they do not receive income. For each Household Member listed, if they do receive income, report total income for each source in whole dollars only. If they do not receive income from any source, write "0". If you enter "0" or leave any fields blank, you are certifying (promising) that there is not income to report.

- Write the names of everyone in your household.
- Write the amount of income received last month for each household member (the amount before taxes or before anything else is taken out), and where it came from, such as earnings, welfare, pensions, and other income (refer to examples below for types of income to report). If any amount *last month* was more or less than usual, write that person's usual income.

Note to Center/Reviewer: If you are uncertain of how the family receives income (monthly, weekly, bi-weekly, annually) consider the income reported as the income for the month. If this is not workable, contact the family for clarification.

INCOME TO REPORT		
Earnings From Employment:	**Pensions/Retirement/Social Security:**	**Other Income:**
Wages/Salaries/Tips Strike Benefits Unemployment Compensation Worker's Compensation Net income from self-owned business or farm	Pensions, Supplemental Security Income Cash withdrawn from savings, Retirement Income Veteran's Payments Social Security Regular contributions from persons not living in the household	Disability Benefits Interest/Dividends Income from Estate/Trusts/Investments Net Royalties/Annuities Net Rental Income Any Other Income
Welfare/Child Support/Alimony:	**Military Household:**	**Foster Child's Income:**
Public Assistance Payments Welfare Payments Alimony/Child Support	All cash income, including military housing/ uniform allowances Does not include "in-kind" benefits NOT paid in cash (base housing, medical care, clothing, food, etc.)	ONLY funds from welfare agency identified by category for **personal use** of child (clothing, school fees, etc.), funds from child's family for personal use, and earnings from other sources (i.e., occasional or part-time employment) need to be included. **DO NOT** count funds from welfare agency for shelter, care, etc.

PART 4: CERTIFICATION - SIGNATURE AND SOCIAL SECURITY NUMBER: **ALL HOUSEHOLDS** COMPLETE THIS PART.

- All Income Eligibility Forms must have the signature of an adult household member.
- The adult household member who signs the form must include the **last four digits** of his/her Social Security Number **IF** the participant is eligible for "free or reduced" based on household income. Section 9 of the National School Lunch Act requires that unless the participant's SNAP (food stamp), TANF case number is provided or the participant is a foster child or homeless, you must include the last four digits of the 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 last 4 digits 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 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 a SNAP or TANF office to determine current certification for receipt of SNAP or TANF 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 action. If he/she does not have a Social Security Number, check the "I do not have a Social Security Number" box.
- If listed a **SNAP, SSI,** or **Medicaid** case number, the last four digits of a Social Security Number **is not** needed.

SPONSOR USE ONLY – Eligibility Determination: **To be completed by ADULT Care Representatives ONLY.** (1) Complete total household income and size section. Compare total Income to *Household Income Eligibility Guidelines*. When household incomes are listed from different pay persons, you must convert all income to yearly income using the conversion table listed. Follow other instructions as indicated. (2) The review/effective date can be made retroactive back to the first day of participation in the CACFP as long as it occurs in the same month this form is received.

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 submit all needed information, 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 primary wage earner or other 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), 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.

USDA Nondiscrimination Statement

For all other FNS nutrition assistance programs, state or local agencies, and their subrecipients, must post the following Nondiscrimination Statement:

In accordance with federal civil rights 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 (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, 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.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, 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:

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

2. fax:
   (833) 256-1665 or (202) 690-7442; or

3. email:
program.intake@usda.gov

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