

CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (2022-2023)

Part 1. All Household Members	6			
Name of Enrolled Child(ren):				
Names of all household members (First, Middle Initial, Last)		RESPONSIBILITY OF A WE * IF ALL CHILDRE	CHECK IF A FOSTER CHILD (THE LEGAL RESPONSIBILITY OF A WELFARE AGENCY OR COURT) * IF ALL CHILDREN LISTED BELOW ARE FOSTER CHILDREN, SKIP TO PART 5 TO SIGN THIS FORM.	
Dort 2. Donofitos lá onu mombos				
Part 2. Benefits: If any member provide the name and case num! NAME:	ber for the person who		one receives these benef	
Part 3. If any child you are applyin School, Homeless Liaison, Migrar				call [Your Runaway
Part 4. Total Household Gross				
	B. Gross income and	how often it was received		
A. Name (List only household members with income)	5	2. Welfare, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA benefits	4. All Other Income
(Example) Jane Smith	\$200/weekly	\$150/twice a month_	\$100/monthly	\$/
	\$/	\$/		\$/
	\$/	\$/	\$/	\$/
	\$/	\$/	\$/	\$/
	\$/	\$/	\$/	\$/
	\$/	\$/	\$/	\$/
Part 5. Signature and Last Fou	r Digits of Social Sec	curity Number (Adult m	ust sign)	
An adult household member mus four digits of his or her Social Statement on the back of this pag	Security Number or			
I certify that all information on thi will get Federal funds based on t understand that if I purposely giv be prosecuted.	he information I give.	I understand that CACFP	officials may verify the info	ormation. I
Sign here:		Print name:		
Date:				
Address:		Phone Number:		
City:			Zip Code:	
Last four digits of Social Security Nu			not have a Social Security Nu	

Part 6. Participant's ethnic and racial identities (optional)					
Mark one ethnic identity:	Mark one or more racial identities:				
Hispanic or Latino	Asian American Indian or Alaska Native				
Not Hispanic or Latino	White	White Native Hawaiian or Other Pacific Islander			
	Black or Afr	ican			
Don't fill out this part. This is 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: Pe	er: Week, I	Every 2 Weeks, Twice A Month, Month, Year Household size:			
Categorical Eligibility: Date Withdrawn: Eligibility: Free Reduced Denied Tier I Tier II					
Reason:					
Temporary: Free Reduced Time Period:(expires after days)					
Determining Official's Signature	: <u>Marneshía C</u>	Cathey, Director Date:			
Confirming Official's Signature:		Date:			
Follow-up Official's Signature:		Date:			

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 the participant 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 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 for the participant 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 the participant is eligible for free or reduced price meals, and for administration and enforcement of the Program.

Non-discrimination 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 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 Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."