



INFANT/CHILD INCOME ELIGIBILITY APPLICATION – Family Day Care Homes Provider’s Income and Provider’s Own Children

INSTITUTION NAME: _____ FACILITY NAME: _____ AGREEMENT#: _____

Complete this application if you are claiming your own children:

1. _____
 First Name Last Name Date of Birth First Name Last Name Date of Birth

2. SNAP, TANF/Work First, FDPIR, National School Lunch, or WIC benefits number:

SNAP # _____ TANF#: _____ FDPIR # _____

WIC# _____ Free/Reduced Priced School Lunch (NSLP)

3. Is this application for a: Foster Child? Yes No Homeless Child? Yes No Child from a migrant family? Yes No

4. HOUSEHOLD MEMBERS MONTHLY INCOME (If you completed #2 skip this part):

Names of All Other Household Members	Monthly Wages Salaries	Monthly Social Security	Monthly Public Assistance / Child Support	Monthly Retirement Pensions	Other Monthly Income
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$

5. ETHNIC IDENTITY: (Check one). Hispanic or Latino Not Hispanic or Latino

RACE (Check one or more): White Black or African American American Indian or Alaskan Native Asian
 Native Hawaiian or Other Pacific Islander

6. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: I certify that all the above information is true and correct; that the application is being made in connection with the receipt of federal funds, that Program officials may verify the information on the application; and that deliberate misrepresentation of any of the information on the application may subject me to prosecution under applicable State and Federal criminal statutes.

 Signature of Adult Household Member (Required) Date Check if no SSN
 Last Four Digits of Social Security Number
 (Required if qualifying by income)

 Printed Name Home Telephone # Work Telephone #

 Address City Zip Code

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 (SNAP), 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.

For Sponsoring Organization Use Only:

Total family income: _____ Family size: _____

Tier I _____ Tier II _____ Eligible Not Eligible:

Determining Official's Signature: _____ Date: _____

For State use only:
 Verified by: _____ Date: _____
 Verified classification: Free Reduced Price
 Denied
 Reason for change in classification: _____

**NC CACFP CHILD ELIGIBILITY APPLICATION INSTRUCTIONS
FAMILY DAY CARE HOME – Provider’s Children**

- 1. PARTICIPANT’S INFORMATION:** Print the name of each child enrolled in the day care home.
- 2. HOUSEHOLD GETTING SNAP, TANF/WORK FIRST, FDPIR, NATIONAL SCHOOL LUNCH, SCHOOL BREAKFAST, HEADSTART OR WIC BENEFITS:** If your household participates in any of these programs, list the case number and complete number 3, 5, & 6, skip. List your current SNAP case number or your TANF/Work First, FDPIR, or WIC identification number, or check yes to indicate that your child receives free/reduced priced school lunch. Do not complete number 4, skip to number 5.
- 3. FOSTER, HOMELESS, or MIGRANT CHILD:** Answer this question for each foster child living in your home and enrolled in the facility foster children are automatically eligible for program benefits at the free rate. Households with foster and non-foster children may choose to include the foster child as a household member, as well as any personal income earned by the foster child, on the same household application that includes their non-foster children. Host families applying for free and reduced priced meals for their own children may include the homeless family as household members if the host family provides financial support to the homeless family. In such cases, any income received by the homeless family must be included.
- 4. HOUSEHOLD MEMBERS MONTHLY INCOME:** Complete this section if the household does NOT receive any of the benefits listed above and/or if the child or children listed are NOT foster, homeless, or from a migrant family. List the names of all other household members and provide the gross income (the amount before taxes or any other deductions), the frequency of income (i.e., weekly, every two weeks, twice a month, or monthly) received **last month** for each household member, 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 the person’s usual income.

Monthly Income Conversion: Weekly X 4.33 Every 2 Weeks X 2.15 Twice a Month X 2

INCOME TO REPORT

Earnings from Employment	Pensions/Retirement/Social Security	Other Income
Wage/Salaries/Tips Strike Benefits Unemployment Compensation Worker’s Compensation Net Income from Self-Owned Business or Farm	Pensions Supplemental Security Income Retirement Income Veteran’s Payments Social Security	Disability Benefits Cash withdrawn from savings Interest/Dividends Income from Estates/Trusts/Investments Regular contributions from persons not living in the household Net Royalties/Annuities
Welfare/Child Support/Alimony	Military Households	Net Rental Income Any Other Income
Public Assistance payments Welfare payments Alimony/Child support payments	All cash income including military housing/uniform allowances.	

- 5. ETHNIC/RACIAL IDENTITY:** Complete the Ethnic/Racial identity question.
- 6. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER:** All income eligibility applications must have the signature of an adult household member. The adult household member who signs the application must include the last four digits of his/her social security number. If he/she does not have a social security number, check the “No SSN” box. If you listed a SNAP, TANF/Work First, WIC, or FDPIR number, the application must be signed but a Social Security number is not needed.

Name and Address of Sponsoring Organization	

For Institutions:

A representative from the Institution (Eligibility Official) must review the Child Income Eligibility Application and classify the application as Free, Reduced-Price, or Denied based on the information provided by the household. Child Income Eligibility Applications must be signed and dated by the Eligibility Official. Applications not signed and dated will be reimbursed at the paid rate until certified by the Eligibility Official.

**NC CACFP CHILD ELIGIBILITY APPLICATION INSTRUCTIONS
FAMILY DAY CARE HOME – Provider’s Children**

Dear Day Care Home Provider:

You are participating in the Child and Adult Care Food Program (CACFP) funded by the United States Department of Agriculture (USDA) and administered by the North Carolina Department of Health and Human Services. Please help us comply with the CACFP requirements by completing, signing, and returning the attached Child Income Eligibility Application as soon as possible to your Sponsoring Organization. This information is necessary so that you may be paid for the meals served to the children in your care. All children in our program receive their meals free of charge, but the income eligibility category determines the amount of funding you will receive. The information you provide on this form will be confidential and will **NOT** be shared with anyone else without your permission.

Complete the application as follows:

PROVIDER’S NAME: Insert your name.

CHILDREN: Complete Part 1B if you are claiming your own children.

SNAP, TANF/WORK FIRST, FDIPIR: If a household member is currently receiving benefits from any of these programs, provide the program case/identification number as requested. Do not complete part 4.

HOUSEHOLD MEMBERS: if you do not receive any of the benefits listed in part 2, complete part 4, List all other household members.

CURRENT INCOME: List the amount of income each person earned **last** month (**BEFORE**) deductions for taxes, social security, etc.), the frequency of income, and where it is from, such as wages, retirement, or welfare. If any household member’s income last month was higher or lower than usual, list that person’s usual average monthly income.

SIGNATURE: An adult household member must sign the Child Income Eligibility Application.

LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: List the last four digits of the social security number of the adult who signs the application. If that adult does not have a social security number, check the “No SSN” box.

REDUCED GUIDELINES EFFECTIVE JULY 1, 2022 - JUNE 30, 2023*

HOUSEHOLD SIZE	YEARLY	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY
1	\$25,142	\$2,096	\$1,048	\$967	\$484
2	\$33,874	\$2,823	\$1,412	\$1,303	\$652
3	\$42,606	\$3,551	\$1,776	\$1,639	\$820
4	\$51,338	\$4,279	\$2,140	\$1,975	\$988
5	\$60,070	\$5,006	\$2,503	\$2,311	\$1,156
6	\$68,802	\$5,734	\$2,867	\$2,647	\$1,324
7	\$77,534	\$6,462	\$3,231	\$2,983	\$1,492
8	\$86,266	\$7,189	\$3,595	\$3,318	\$1,659
For each additional family member add:	\$8,732	\$728	\$364	\$336	\$168

*Households with income less than or equal to these levels are eligible for free or reduced-price meals.

You may submit a program Income Eligibility Application any time during the fiscal year. Participants having family members who become unemployed are eligible for free or reduced-price meals during the period of unemployment, provided that the loss of income causes the family’s income during the period of unemployment to be within the eligibility standards for those meals.