

ADULT ONLY
CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
FAMILY-SIZE AND INCOME APPLICATION (FSIA)

PART 1. ALL HOUSEHOLD MEMBERS		
a. Name(s) of Adult Participant(s)		
b. Names of All Household Members (First, Middle Initial, Last)	Age of Adult Participant(s)	Check if NO Income
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

PART 2. BENEFITS

If any member of your household receives *SNAP*, *FDPIR*, SSI, or Medicaid benefits, provide the name and case number for the *ONE* person who receives benefits. *If no one receives these benefits, skip to Part 3.*

NAME: _____ CASE NUMBER: _____

PART 3. TOTAL HOUSEHOLD GROSS INCOME. You must tell us how much and how often.

A. NAME (List only household members with income)	B. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED			
	Earnings From Work Before Deductions	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security, SSI, VA Benefits	All Other Income
<i>(Example) Jane Smith</i>	\$ <u>200</u> / <u>weekly</u>	\$ <u>150</u> / <u>twice a month</u>	\$ <u>100</u> / <u>monthly</u>	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____

PART 4. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN)

An adult household member must sign this form. *If Part 3 is completed, the adult signing the form also must list the last four digits of his or her social security number or mark the I do not have a social security number box.* (See Privacy Act Statement on the back of the next page.)

I certify (promise) that all information on this form 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 that I give. I understand that CACFP officials may verify (check) 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: _____

City: _____ State: _____ Zip Code: _____

Last four digits of social security number: *** - ** - _____ I do not have a social security number.

Part 5: Participant's Ethnic and Racial Identities (Optional)

Choose one ethnicity:

- Hispanic or Latino
 Not Hispanic or Latino

Choose one or more (regardless of ethnicity):

- Asian
 White
 American Indian or Alaska Native
 Native Hawaiian or other Pacific Islander
 Black or African American

DO NOT 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: _____ Per: Week ____ Every 2 Weeks ____ Twice a Month ____ Month ____ Year ____

Household Size: _____

Categorical Eligibility: _____ Date Withdrawn: _____ Eligibility: Free ____ Reduced ____ Denied ____

Reason: _____

Determining Official's Signature: _____ Date: _____

The participant in the adult day care facility may qualify for free or reduced-price meals if your household income falls within the limits of this chart.

185% of Poverty Level	
Household Size	Yearly
1	21,978
2	29,637
3	37,296
4	44,955
5	52,614
6	60,273
7	67,931
8	75,590
Each additional person:	7,658

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 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 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 to Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR) case number 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 Programs.

In accordance with federal civil rights law and United States Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, office, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language [ASL]) should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing, or have speech disabilities may contact USDA through the Federal Relay Service at 800-877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the **USDA Program Discrimination Complaint Form** (AD-3027) found online at: <http://www.ascr.usda.gov/complaint_filing_cust.html> and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call 866-632-9992. Submit your completed form or letter 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
2. Fax: 202-690-7442
3. E-Mail: program.intake@usda.gov

This institution is an equal opportunity provider.

INSTRUCTIONS FOR COMPLETING THE FAMILY-SIZE AND INCOME APPLICATION (Adult Care)

IF YOUR HOUSEHOLD RECEIVES BENEFITS FROM *SNAP*, *FDPIR*, *SSI*, or *Medicaid*, FOLLOW THESE INSTRUCTIONS:

- Part 1:** a. List names of enrolled participants.
b. List all household members, including enrolled adult participant(s). For each enrolled participant(s), include his/her age.
- Part 2:** List the case number for any household member receiving *SNAP*, *FDPIR*, *SSI*, or *Medicaid* benefits.
- Part 3:** Skip this part.
- Part 4:** Sign the form. The last four digits of a social security number are *NOT* necessary.
- Part 5:** Answer this question if you choose to.

ALL OTHER HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

- Part 1:** a. List all enrolled adult participants.
b. List all household members, including enrolled adult participants in care. For each enrolled participant, include his/her age. For any person with no income, you must check the *No Income* box.
- Part 2:** Skip this part.
- Part 3:** Follow these instructions to report total household income from this month or last month.
- **Column A—Name:** List only the first and last name of *EACH* person living in your household, related or not (such as grandparents, other relatives, or friends who live with you) with income. Include yourself and all children living with you. Attach another sheet of paper if you need to.
 - **Column B—Gross Income and How Often It Was Received:** For each household member who is a spouse or dependent of the participant, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month, or monthly.
In Box 1, list the *gross income*, not the take-home pay. Gross income is the amount earned *BEFORE* taxes and other deductions. You should be able to find it on your pay stub, or your boss can tell you.
In Box 2, list the amount each person got for the month from welfare, child support, alimony.
In Box 3, list retirement, Social Security, Supplemental Security Income (SSI), veteran’s benefits (VA benefits), and disability benefits.
In Box 4, list *All Other Income Sources*, including Worker’s Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, TANF, FDPIR, WIC, or federal education benefits. For *ONLY* the self-employed, under *Earnings From Work*, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get Combat Pay, do not include these allowances as income.
- Part 4:** Adult household member must sign the form and list the last four digits of his/her social security number or mark the box if he/she does not have one.
- Part 5:** Answer this question if you choose to.

PRIVACY ACT STATEMENT: This explains how we will use the information you give us.

NONDISCRIMINATION STATEMENT: This explains what to do if you believe you have been treated unfairly.