

**CHILD DAY CARE PARENT APPLICATION INSTRUCTIONS
CHILD AND ADULT CARE FOOD PROGRAM (CACFP)**

This Center is eligible to receive Federal reimbursement for meals based on household income. Please complete the other side of this application using the instructions below. Sign, date and return the application to the Center. If you need assistance, call the Center at this number _____. One application per household.

PART 1 - Write the name, age and birth date of the child(ren) enrolled in this Center. If he/she is a Foster Child or currently receives Food Stamps or TANF, check the appropriate box. For Food Stamp and TANF Children, record their case number and complete Part 3, **do not** complete Part 2.

PART 2 - If you did not record a Food Stamp or TANF case number complete Part 2. Write the names of **everyone** in your household. Include yourself and the child(ren) listed above, and if applicable; your spouse, all other children, grandparents, other relatives and unrelated people in your household. Use a separate sheet of paper if you need more space. A foster child is considered a family of one. For Foster Children, record only the child's personal income (if any), do not record the money the family receives for the general support of the child.

All current gross monthly income must be reported. Write the amount each person receives on a **MONTHLY** basis on the same line as their name, indicate source of income, (see *Examples of Income to Report* below). Gross Income is all money earned before taxes or any other deductions. If the amount received varies, indicate that person's **usual** income. Welfare/child support refers to support monies received by the household, not paid out. Self employed persons may submit net earnings.

EXAMPLES OF INCOME TO REPORT

Earnings From Work

Wages/Salaries/Tips
Strike Benefits
Unemployment Compensation
Workman's Compensation
Net income from self-owned
business or farm

Pensions/Retirement/Social Security

Pensions
Retirement Income
Social Security
Veteran Payments
Supplemental Security Income

Other Income

Earnings from second job
Disability Benefits
Interest/Dividends
Cash Withdrawn from Savings
Income from
Estates/Trusts/Investments
Regular contributions from persons
not living in the household
Royalties/Annuities/Rental Income
Any other monies that may be
available to pay for the child's
meal

Welfare/Child Support/Alimony

Public Assistance Payments
Welfare Payments
Alimony Payments
Child Support Payments

PART 3 - An adult household member **must** sign and date the application. Write the Social Security Number of the adult household member who signs the form. Write the word "NONE" if the adult household member does not have a Social Security Number.

Unless you include your child's case number for the Food Stamp Program or the Temporary Assistance for Needy Families program, you must include the social security number of the adult household member signing the application or indicate that the household member does not have a social security number. This is required by Section 9 of the National School Lunch Act. The social security number is not mandatory, but the application cannot be approved if a social security number is not given or an indication is not made that the signer does not have a social security number. This notice must be brought to the attention of the household member whose Social Security Number is disclosed. 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 application. These verification efforts may be carried out through program reviews, audits and investigation and may include contacting employers who determine income, contacting a Food Stamp or welfare office to determine current certification for receipt of Food Stamps 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 incorrect information is reported.

In the operation of the CACFP, no person will be discriminated against because of race, color, national origin, sex, age or disability.