

CACFP Meal Benefit Income Eligibility Form (Child Care)

Part 1. All household members

Names of enrolled children: Marshall Cuthbert, Montesque Cuthbert,

If all children listed below are foster children, skip to Part 5 to sign this form.

Names of all household members (First, Middle initial, Last)	Check if a foster child (the legal responsibility of a welfare agency or court)	Check if no income
Millicent Cuthbert	<input type="checkbox"/>	<input type="checkbox"/>
Marcelle Cuthbert	<input type="checkbox"/>	<input type="checkbox"/>
Marsha Cuthbert	<input type="checkbox"/>	<input type="checkbox"/>
Michael Cuthbert	<input type="checkbox"/>	<input type="checkbox"/>
Marshall Cuthbert	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Miriam Cuthbert	<input type="checkbox"/>	<input type="checkbox"/>
Moses Cuthbert	<input type="checkbox"/>	<input type="checkbox"/>
Mendel Cuthbert	<input type="checkbox"/>	<input type="checkbox"/>
Montesque Cuthbert	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part 2. Benefits

If any member of your household received [State SNAP], [FDPIR], or [State TANF cash assistance], provide the name and case number for the person who receives benefits. If no one receives these benefits, skip to part 3.

Beneficiary name: Michelle Cuthbert **Case number:** 58968547158

Part 3. If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call [Your center director, Homeless Liaison, Migrant Coordinator] Homeless Migrant Runaway

Part 4. 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
(Example) Jane Smith	\$200 weekly	\$150 twice a month	\$100 monthly	
Millicent Cuthbert	\$144.14 weekly	\$164.81 every other week	\$166.83 every other week	\$115.82 yearly
Marcelle Cuthbert	\$146.58 twice a month	\$170.91 yearly	\$59.71 monthly	\$56.68 monthly
Marsha Cuthbert	\$172.97 every other week	\$56.91 every other week	\$166.79 every other week	\$161.97 yearly
Michael Cuthbert	\$134.01 twice a month	\$61.91 monthly	\$50.70 every other week	\$32.81 weekly
Marshall Cuthbert		\$86.20 monthly	\$171.97 yearly	\$163.03 weekly
Miriam Cuthbert	\$113.73 yearly	\$91.42 monthly	\$76.36 twice a month	\$85.92 every other week
Moses Cuthbert	\$156.23 monthly	\$21.02 twice a month	\$13.26 weekly	\$323.23 yearly
Mendel Cuthbert	\$136.47 weekly	\$120.29 every other week	\$157.92 weekly	\$75.63 yearly
Montesque Cuthbert				

Part 5. 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 must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box.

I certify 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 I give. I understand that CACFP officials may verify 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.

Electronic signature: Millicent Cuthbert Date: 07/09/2015
 Address: 2578 Georgia Avenue Apartment 2323, Philadelphia, Pennsylvania 28957
 Telephone: 349-415-1489 Email: Millicent.Cuthbert@gmail.com
 SSN: Last four digits of Social Security Number 4831

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Part 6. Participant's ethnic and racial identities (optional)		
Mark one ethnic identity	Mark one or more racial identities:	
Not Hispanic or Latino	American Indian or Alaska Native Asian Native Hawaiian or Other Pacific Islander White	
Don't fill out this part. This is for official use only.		
Annual Income Conversion: Weekly x 52 Twice a month x 24		
Total Income: \$61,068.00 Per: Year		Household size: 7
Categorical Eligibility: Yes	Date Withdrawn: 06/09/2015	Eligibility: Free
Reason: Review in January 2016 for anticipated income variation		
Temporary: Expires after: days		
Official	Electronic signature	Date
Determining official	Albert Einstein	06/01/2015
Confirming official	Jonas Salk	06/02/2015
Follow-up official	Elliot Ness	06/03/2015
<p>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.</p>		
<p>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."</p>		