

**Bright from the Start: Georgia Department of Early Care and Learning
Child Adult Care Food Program
Income Eligibility Statement**

PART I: Child(ren) or Adult enrolled to receive day care-

Name: (Last, First and Middle Initial)	Food Stamp, TANF, or FDPIR case number, Assistant Unit (AU), or Client ID number for <u>children only</u> . All the above, or SSI or Medicaid case number for <u>Adults</u> . Note: Do not use EBT numbers.	Head Start Participant	Foster Child
D . O . B		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

PART II A: A. Name (List everyone in household, including foster and non-foster children)	B. Gross income and how often it is received Example: \$100/monthly, \$100/twice a month, \$100/every other week, \$100/weekly				C. Check if NO Income
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Social Security, pensions, retirement	4. All other income	
1. _____	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
2. _____	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
3. _____	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
4. _____	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
5. _____	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
6. _____	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
7. _____	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>

PART III: ENROLLMENT INFORMATION: Children Only
 My child is normally in attendance at the facility between the hours of _____ [am/pm] to _____ [am/pm] on the following days:
 Check here if only before/after school care is provided.
 (Circle all that apply). Sunday Monday Tuesday Wednesday Thursday Friday Saturday
 My child will normally receive the following meals while in care:
 (Circle all that apply): Breakfast AM Snack Lunch PM Snack Supper Evening Snack

PART IV: Signature and Social Security Number (Adult must sign).
 An adult household member must sign this form. If Part II is completed the adult signing the form must also list his or her Social Security number or mark the "I don't have a Social Security Number" box. (See Privacy Act Statement on next page).
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 purposefully give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.
 Signature: **X** _____ Print Name _____ Date _____
 Address: _____ City _____ State: GA Zip _____ Phone _____
 Last four Digits of Social Security Number XXX-XX _____ I do not have a Social Security Number

PART V: Participant's ethnic and racial identities (optional)

Mark one ethnic identity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Mark one or more racial identities: <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander
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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 _____ Paid _____ Tier I _____ Tier II _____
 Temporary: Free _____ Reduced _____ Time Period: _____ (expires after _____ days)
 Determining Official's Signature: _____ Date _____
 Confirming Official's Signature: _____ Date _____
 Follow Up Official's Signature: _____ Date _____

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

Household Size	Yearly Income
1	
2	
3	
4	
5	
6	
7	
8	
Each additional person	Add:

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 your child for free or reduced price meals. You must include the social security 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 Food Stamp, 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.

Non-discrimination Statement: 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 to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

INSTRUCTIONS

Households that receive Food Stamps, TANF, FDPIR, SSI or Medicaid: Complete the following:

Part I: For family day care home and child care center, list participant's name and a Food Stamp, TANF, or FDPIR case number. For adult day care, list participant's name and a Food Stamp, TANF, FDPIR, SSI or Medicaid case number.

Note: foster children (children placed in the household by the court system) can be included in this section. A separate form is no longer needed for foster children.

Part II: Skip this part.

Part III: Child care centers only. Provide the normal days and hours your child is in attendance in the center and indicate the meals he/she normally receives while in care.

Part IV: Sign the form. A Social Security Number is not necessary.

Part V: Answer this question if you choose to.

All other Households, including WIC households, complete the following:

Part I: For family day care home, child care center or adult day care, list participant's name.

Part II: To report total household income from last month, complete the following:

Column A-Name: List the first and last name of each person living in your household as an economic unit. You must indicate yourself and all children living with you (including foster and non-foster children). In the case of an adult participant, the adult participant, and if residing with the adult participant, the spouse and dependent(s) of the adult participant. Attach another sheet if necessary.

Column B-Gross Income last month and how often it was received: Next to each person's name, list each type of income received last month, and how often it was received.

Box 1: List the gross income each person earned from work. This is not the same as take-home pay. Gross income is the amount earned before taxes and other deductions. The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly).

Box 2: List the amount each person got last month from welfare, child support, alimony.

Box 3: List Social Security, pensions, and retirement.

Box 4: List all other income sources including Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits IVA benefits), disability benefits, regular contributions from people who do not live in your household. Report net income from self-owned businesses, farming, or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.

Column C-Check if no income: If the person does not have any income, check the box.

Part III: Child care centers only. Provide the normal days and hours your child is in attendance in the center and indicate the meals he/she normally receives while in care.

Part IV: An 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 V: Answer this question if you choose to.

Privacy Act Statement: This explains how we use the information you give us.

SHARING INFORMATION WITH MEDICAID/SCHIP

Dear Parent/Guardian:

If your children qualify for free or reduced price meals, they may also be able to get free or low cost health insurance through Medicaid or the State Children's Health Insurance Program (SCHIP). Children with health insurance are more likely to get regular health care and are less likely to become sick.

Because health insurance is so important to children's well-being, the law allows us to tell Medicaid and SCHIP that your children are eligible for free or reduced price meals, *unless you tell us not to*. Medicaid and SCHIP only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children in this health insurance program. Filling out the CACFP Meal Benefit Income Eligibility Forms does not automatically enroll your children in health insurance.

If you do not want us to share your information with Medicaid or SCHIP, fill out the form below and send it with your Income Eligibility Form to [address] by [date]. (Sending in this form will not change whether your children get free or reduced price meals.).

- No! I DO NOT want information from my CACFP Meal Benefit Income Eligibility Form shared with Medicaid or the State Children's Health Insurance Program.

If you checked no, fill out the form below.

Child's Name: _____

Child's Name: _____

Child's Name: _____

Child's Name: _____

Signature of Parent/Guardian: _____

Today's Date: _____

Print Your Name: _____

Address: _____

For more information, you may call _____ at _____

October 2008
CACFP Meal Benefit Income Eligibility Form Sharing Information with Medicaid/SCHI

Nutritional Aid Network for Children Inc. Household Letter

Building for the Future

Dear Parent or Guardian:

This day care facility participates in the Child and Adult Care Food Program (CACFP), a Federal program that provides healthy meals and snacks to enrolled participants receiving day care.

Each day more than 2.6 million children and adults participate in CACFP at day care homes and centers across the country. Providers are reimbursed for serving nutritious meals which meet USDA requirements. The program plays a vital role in improving the quality of day care and making it more affordable for low-income families.

Meals:

CACFP homes and centers follow meal requirements established by USDA.

Breakfast	Lunch or Supper	Snacks (Two of the four groups:)
Milk Fruit or Vegetable Grains or Bread	Milk Meat or meat alternate Grains or bread Two different servings of fruits or vegetables	Milk Meat or meat alternate Grains or bread Fruit or vegetable

Participating Facilities: Many different homes and centers operate the CACFP and share the common goal of bringing nutritious meals and snacks to participants. Participating facilities include:

- **Child Care Centers:** Licensed or approved public or private nonprofit child care centers, Head Start programs, and some for-profit centers.
- **Adult Care Centers:** Public or private non-profit and some for-profit centers.
- **Family Day Care Homes:** Licensed or approved private child care homes.
- **Afterschool Care Programs:** Centers in low-income areas provide free snacks to school-age children and youth.
- **Emergency/Homeless Shelters:** Shelters that provide residential and food services to homeless children. Shelters are the only residential programs that may participate.

Eligibility: State agencies reimburse facilities that offer non-residential day care to the following:

- children age 12 and under;
- migrant children age 15 and younger;
- youths through age 18 in afterschool care programs in needy areas;
- chronically impaired disabled adults 18 years of age or older; or
- Persons 60 years of age or older in a group setting outside their home.

If you have questions about the CACFP, please contact one of the following:

Sponsoring Organization/Center

Gloria B. Murphy
Nutritional Aid Network for Children
130 Sunrise Court
College Park, GA 30349
404-669-9896

State Agency

Nutrition Services Director
Bright from the Start:
Georgia Department of Early Care and Learning
10 Park Place South, Suite 200
Atlanta, GA 30303
404.656.5957

Sincerely,

Nutritional Aid Network for Children Inc.



USDA is an equal opportunity
provider and employer

English Version

Dear Parent or Guardian:

Our center participates on the U.S. Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP), which is administered at the state level by Bright from the Start: Georgia Department of Early Care and Learning. Please assist us in our participation in this program by completing and returning the enclosed statement as soon as possible. This information is necessary so that _____ may receive reimbursement for meals served to your child(ren). This form will be placed in our files and treated as **confidential** information.

Instructions for completion of the form can be found on the back of the statement. If your household size/income is at or below the income limits on the attached document, the participant's meals are eligible for either free or reduced price reimbursement. In order for the center to receive reimbursement at the free or reduced price meal rate, the documentation in either Part 2A or 2B of the form is needed:

- 2A) FOOD STAMP/TANF/FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPIR) HOUSEHOLDS: If your household currently receives food stamps, TANF, or FDPIR benefits, your child's meals are automatically eligible for free reimbursement. Therefore, you only have to list the child's name and food stamp case number, TANF, or FDPIR identification number and sign the statement. The EBT card number is not an acceptable number. Please include the case number on your paperwork.
- 2B) HOUSEHOLD MEMBERS: List the name of the enrolled child(ren), and the child's parent(s) or guardian, and any other dependent children who live in the household.
and
CURRENT INCOME: List the amount of income each person earned last month (before deductions for taxes, social security, etc.), the frequency of income, and the source of income, such as wages, or retirement. If any household member's income last month was higher or lower than usual, list that person's usual average monthly income.

At a minimum please complete Part 1, Part 3A and 3B of the statement as the center is required to annually update the days and hours in which your child will be in care and the meals your child will receive.

- 3A) PARENTAL AGREEMENT: Indicate the hours and days of the week your child will normally be in the child care center. Circle the meals that the child will normally receive while in care.

- 3B) SIGNATURE: An adult household member must sign the income eligibility statement.

SOCIAL SECURITY NUMBER: List the social security number of the adult who signs the income eligibility statement in order to qualify the child's meals for free or reduced meals. If the adult does not have a social security number, print "None".

If the enrolled child for whom the income eligibility statement is being completed is a foster child, the household income should not be included on the statement, nor the per diem paid to the foster family for care of the child. Section 2C should be completed and only the actual income to the foster child should be listed. More information is listed on the back of the Income Eligibility Statement under the section "Foster Child's Income."

Participants with family members who become unemployed are eligible for the free or reduced-price meals during the period of unemployment, provided that the loss of income causes the family income, during the period of unemployment, to be within the eligibility standards for those meals.

Our center participates on the Child and Adult Care Food Program under an Administrative Sponsor, Nutritional Aid Network for Children, Inc. approved by Bright from the Start to sponsor day care facilities. As such staff from Nutritional Aid Network for Children Inc may contact you to verify the information listed on the Income Eligibility Statement or the enrollment and attendance of your child at the center. This contact may occur in the form of a letter or via phone. Household contacts are required by the Federal regulations under various situations.

In the operation of USDA's food service programs, no one will be discriminated against because of race, color, national origin, sex, age, or disability. If you believe that you have been discriminated against, write immediately to: USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382.

Sincerely,

NOTE: Attach Income Eligibility Statement
 Attach Reduced Price Income Guidelines