

OHIO CHILD AND ADULT FOOD CARE FOOD PROGRAM: FAMILY DAY CARE HOMES COMPONENT
INCOME ELIGIBILITY APPLICATION FOR FREE AND REDUCED-PRICED MEALS
Fiscal Year 2017-2018

Income eligibility information on this application may be disclosed to other Child Nutrition Programs or applicable enforcement agencies. Parents/guardians are not required to consent to this disclosure and their decision will not affect their children's eligibility for free and reduced-price meals. **Forms must be updated annually and are valid for 12 months.**

PART 1 – CHECK Application Type:

- 1. Provider requesting Tier I status by application (may only qualify through food assistance, Ohio Works First (OWF) or income. **PROOF OF INCOME IS REQUIRED** to qualify as a Tier I provider by this application.
- 2. Provider is requesting meals for own/residential children **enrolled** for childcare. (may only qualify through food assistance, OWF or income.)
- 3. Provider or Parent requesting meals for foster child. In certain cases, foster children are eligible for free and reduced-price meals regardless of household income.
- 4. Parent requesting child meals with family child care provider: (may qualify through food assistance, OWF, WIC, Healthy Start or income.)

Write the name of your child care provider here: _____

PART 2 – CHILD INFORMATION: Print information below for all children whose meals will be claimed on the CACFP.

BENEFIT INFORMATION: Enter the benefit program from PART 1 that automatically qualifies a child for Tier I meals. Enter the NAME and CASE or ID Number.

PRINT INFORMATION FOR ALL CHILDREN ENROLLED IN CARE			CHECK IF A FOSTER CHILD (the legal responsibility of a welfare agency or court)	LIST EACH CHILD'S FOOD ASSISTANCE, OWF or WIC CASE NUMBER, IF ANY. A VALID CASE NUMBER CONTAINS 10 OR 12 DIGITS. DO NOT USE SWIPE CARD NUMBER.
*NAME OF ENROLLED CHILD(REN)	* AGE	* BIRTH DATE		Circle type of benefit: FOOD ASSISTANCE, OWF or WIC
1.			<input type="checkbox"/>	CASE NUMBER: _____
2.			<input type="checkbox"/>	CASE NUMBER: _____
3.			<input type="checkbox"/>	CASE NUMBER: _____
4.			<input type="checkbox"/>	CASE NUMBER: _____

PART 3 – TOTAL HOUSEHOLD SIZE AND TOTAL HOUSEHOLD GROSS INCOME: List names of all household members. List all gross income; include how much and how often. If Part 2 is completed, skip to Part 4.

a. LIST NAMES OF ALL HOUSEHOLD MEMBERS INCLUDING CHILDREN LISTED ABOVE IN PART 1	b. CHECK IF NO/ZERO INCOME	c. GROSS INCOME during the last month (amount earned before taxes & other deductions) and HOW OFTEN RECEIVED: Weekly, every two weeks, twice monthly, monthly, annually			
		1. Earnings from work before deductions	2. Welfare payments, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA	4. All Other Income
1.	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
2.	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
3.	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
4.	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
5.	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____

PART 4 – SIGNATURE AND SOCIAL SECURITY NUMBER: Adult household member must sign form. If PART 3 is completed, the adult signing the form must also list last four digits of his or her Social Security Number or check the box marked, "I do not have a Social Security Number."

I certify that all information on this form is true and correct and that all income is reported. I understand that the center will receive federal funds based on the information. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, I may be prosecuted.

* _____
SIGNATURE OF ADULT HOUSEHOLD MEMBER

* _____
DATE

If PART 3 is completed, insert last four digits of Social Security Number
 (check if applicable) I do not have a Social Security Number

Print Name: _____ Daytime Phone Number: _____ Work Phone Number: _____
 Street / Apt: _____ City / State / Zip: _____ County: _____

PART 5: RACIAL/ETHNIC IDENTITY (Optional): Please check appropriate boxes to identify the race or ethnicity of enrolled child(ren)

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Other

Please mark one ethnic identity: Hispanic or Latino Not Hispanic or Latino

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 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. **State Distribution: 07/01/2017**

-----SPONSOR MUST COMPLETE THIS SECTION-----

Approved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Total Household Income \$ _____	Signature of Official _____	Date _____
Denied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Total Household Size _____	Effective Date (From the first month of date Categorized by sponsor/center)	Expiration Date (Valid until last day of month of which form was dated and categorized by sponsor/center one-year earlier)