Return this completed form to:

Household Income Eligibility Statement – Child Care Institutions

Part 1 – Households Receiv If any member of your house																	am on Indian Rese	<u>rva</u> t	tion	ı s (l	<u>-DP</u>	PIR)	
Name:									Case Number:														
Part 2 – Household Information								How Often? (x)					ow (Ofte	n? (:	x)	How Often? (x)						
First and Last Names of All Household Members, Related and Unrelated	Enrolled for Child Care (x)	Age	Birth Date	Foster Child (x)	Amount of Earnings from Work (before deductions)	W e e k I y	B I W e e k I y	2 X M o n t h	o n t h I	n n u a –	Amount of V Child Supp Alimo	ort, or	W e e k I y	I	2 x M o n t	o n n n t u h a l l	Amount of All Other Income (Indicate source and amount)	W e e k I y	I W e e	M o n	n t h I y	A n Mark No Incom	
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																					_		
Part 3 – All Households: Si certify that all information or give. I understand that CACFF and I may be prosecuted.	this form officials n	is true a nay veri	and that al fy the infoi	l income mation.	is reported. I underst	and	tha	at th	ne c	ent	er or day ca	are home	e w	ill re	ceiv	e fec	leral funds based on t siving meals may lose	the	e me	eal b	ene	efits,	
Signature: Print Name: Last four digits of Social Security Number: XXX-XX-						Date: I do not have a Social Security Number																	
					For Insti	tutio	on U	Jse	Only	у													
Total Household Members:			Total Income: \$ Wee Bi-V 2x N					eekly Annually					APPROVED CATEGORY Categorical Eligibility (A/Free): Foster FIP FAP FDPIR Other Household Children: A (Free) B (Reduced) C (Paid)										
Institution Official Signature:			Approval Date:																				

This form is valid for 12 months from the date of institution signature. Approval date and institution signature are required.

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 Food Assistance Program (FAP), Family Independence Program (FIP), 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.

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