OHIO CHILD AND ADULT CARE FOOD PROGRAM
CHILD CARE CENTER COMPONENT
SPONSOR INSTRUCTIONS FOR INCOME ELIGIBILITY APPLICATION

FY 2013 - 2014 Fiscal Year
Effective July 1, 2013 through June 30, 2014

PURPOSE:

The Child and Adult Care Food Program (CACFP) recognizes the relationship between food and good nutrition and the capacity of children to develop and learn. CACFP reimbursement assists agencies participating in the program to provide children with well-balanced, nutritious meals and snacks. Three meal rate categories of free (highest), reduced, and paid (lowest), have been established to direct greater assistance to sponsoring centers serving higher enrollments of needy children. Food reimbursement levels are affected by the number of children categorized as free, reduced, or paid enrollments.

DISTRIBUTION OF INCOME ELIGIBILITY APPLICATION FOR FREE AND REDUCED-PRICE MEALS:

It is not a requirement to distribute the Household Letter and Income Eligibility Application for free and reduced-price meals for the following programs:

1. Homeless, Domestic Violence or Emergency Shelters;
2. After School At Risk Programs; and
3. Federally funded Head Starts

When receiving CACFP assistance, participating institutions must choose to either collect family size and income data for all members of the household or Food Assistance or Ohio Works First (OWF) case numbers from families of enrolled children OR not to collect this information. If the choice is made not to collect the information, the institution will automatically receive the reimbursement rate established for the paid (lowest) enrollment category for all enrolled children. If the choice is made to collect the information, the institution must give the Ohio Child and Adult Care Food Program Income Eligibility Application for Free and Reduced-Price Meals and Household Letter to the family of each enrolled child. Parents/guardians have the option to complete the application or not. In order for any child to be claimed for free or reduced-price benefits, the institution must have a completed application containing all required information on file with the agency. Any family whose income is above the reduced-price guidelines, an application does not need to be returned.

In other words, CACFP sponsors cannot require parents/guardians to complete the Income Eligibility Application. Parents have the option to complete the application. However, the CACFP sponsor must provide the form to all families if the center will be claiming any child in the free or reduced enrollment categories. If parents choose not to complete and return the application, the child is claimed in the paid enrollment category.

CATEGORIZING INCOME ELIGIBILITY FORMS AS FREE, REDUCED OR PAID:

Free or reduced forms are qualified by having parents or guardians complete PARTS 1, 2, and 4 or PARTS 1, 3, and 4 of the Ohio Child and Adult Care Food Program Income Eligibility Application for Free and Reduced-Price Meals. The asterisks (*) on the form indicate information that must be completed.

CENTER NAME: It is recommended that the sponsor insert the center name prior to making copies for disbursement to families.

PART 1: Child Information

Name/Age/Birth Date - List only the child(ren) who is enrolled for child care at the center and their age and birth date. Note: Age and birth date are not required information that must be completed to qualify child(ren) for free or reduced-price benefits.

Foster Children – Check box if listed enrolled child is a foster child. A foster child is defined as one whose care and placement is the responsibility of the State or that the foster child has been placed with a caretaker household by a court. A foster child is the legal responsibility of a welfare agency or court. For purposes of categorical eligibility for free meals, informal arrangements that may exist outside of State or court based systems are not applicable regarding foster children.

Foster children are categorically eligible for Free meals by two options.

- Option 1 – Income Eligibility Application: Part 1 (name and foster child designation) and Part 4 (signature of adult member of foster home or State welfare agency and date) must be completed.

  Foster children no longer have to be listed on a separate Income Eligibility Application. Households with foster and non-foster children may choose to include the foster child as a household member, as well as any personal income earned by the foster child, on the same Income Eligibility Application that includes their non-foster children. The sponsor would categorize the foster child as Free and then make an eligibility determination for the remainder of the children based on the household's income (including personal income earned by the foster child) or other categorical eligibility information (food assistance or OWF case numbers) reported on the application. Foster payments received by the foster family from the placing agency are not considered income and do not need to be reported. Please note that the presence of a foster child does not convey eligibility for Free meals to all children in the household.

- Option 2 – Certification for Free meals without Income Eligibility Application: Sponsor to obtain documentation (such as a certificate or letter) from an appropriate State or local agency indicating the status of the child as a foster child whose care and placement is the responsibility of the State or that the foster child has been placed with a caretaker household by a court. Certification documentation is to be kept on file in lieu of income eligibility application.

PART 2: Households Receiving Food Assistance or OWF

Food Assistance - A household receiving Food Assistance (formerly Food Stamps) need only provide the current 10 to 12-digit case number and the signature of an adult member of the household and date in Part 4. A child qualifying in this manner must be a member of the Food Assistance household. The child is then approved in the free category.

Ohio Works First (OWF) - The OWF 10 to 12-digit case number of the enrolled child and the signature of an adult household member and date in Part 4 are required. The child is then approved in the free category.

NOTE: The case number or identification number on county payment rosters or vouchers may not be Food Assistance or OWF case numbers. It is recommended that sponsors contact their county Job & Family Services specialist to determine the validity of Food Assistance or OWF case numbers.

PART 3: Total Household Size, Total Household Gross Income/How Often It Was Received

Household Size - List the names of all household members including all children who attend the center, whether they receive income or not. If additional space is needed to list all household members, attach an additional sheet of paper. Household is defined as a group of related or unrelated individuals who are not residents of an institution or boarding house, but who are living as one economic unit. As one economic unit, they would share housing and/or significant income and expenses of its members. Generally, individuals residing in the same house are one economic unit. However, if more than one economic unit resides together in the same house, they are usually characterized by prorating expenses and having economic independence from one another.

Household Size Special Situations:

- Adopted child: An adopted child is one for whom a household has accepted legal responsibility, and is considered to be a member of the household.
- Child attending an institution: A child who attends but does not reside in an institution is considered a member of the household in which he/she resides.
- Child away at school: A child who is temporarily away at school (e.g., boarding school or college) should be counted as a member of the household.
- Child living with one parent, relative or friends: In cases where no specific welfare agency or court is legally responsible for the child or where the child is living with one parent, other relatives or friends of the family, the child is considered to be a member of the household with whom he/she resides.
- Children of parent who are foster parents: When foster parents apply for benefits for their own children, they may choose to include foster children as household members as well as any personal income earned by the foster child. Additionally, the payments provided for the care of the foster child should be excluded as income to the household.
- Family members living apart: Family members living apart on a temporary basis are considered household members. Family members living away from the household for an extended period of time are not considered members of the household for purposes of determining eligibility. Any money made available by family members living outside of the household, or on their behalf for the household, is included as income to the household.
- Institutionalized family members: An institutionalized spouse or other member of the household away for extended periods should not be considered a member of the household.
- Joint custody: In cases where joint custody has been awarded, and the child physically changes residence, the child is part of the household where he/she resides. Therefore, the child's eligibility could change depending on the rotating time periods of each household.

No/Zero Income – For each household member listed in Part 3 (including children), check the box if that person has no/zero income. If more space is needed to list all household members, attach an additional application form or sheet of paper. If the income form reflects that the household has no or zero income, then the household now has year-long eligibility as Free. There is no longer any temporary 45 day approval for zero household income.

Household Income and How Often It Was Received – If a valid Food Assistance or OWF case number is not entered in Part 2 then households must report their current gross income on Part 3 of the application for free or reduced-price meal eligibility. For each household member, list each type of income received during the last month prior to application and list how often the money was received (weekly, every two weeks, twice per month, monthly, and annually). Income is defined as any money received on a recurring basis, including gross earned income (unless specifically excluded by legislation). Gross earned income means all money earned before deductions such as income taxes, employee's social security taxes, insurance premiums and bonds. If income during this month is higher or lower than usual, and does not accurately represent the household's actual circumstances, the household may project its annual rate of income based on the following conversions. If household member normally gets overtime, include it, but not if you only get it sometimes.

When households have multiple sources of income paid on different schedules then all incomes need to be converted to annual (yearly) totals by using the following income conversions: Weekly income X 52, Every Two Weeks income (bi-weekly) X 26, Twice per Month income (semi-monthly) X 24, Monthly income X 12.

Income and how often it (ex. $1500 / week) was received must be reported in these designated columns:

Column 1 Earnings from work: Wages, salaries, tips, and commissions. For only the self-employed, report income after expenses (net income).

Column 2 Welfare payments/child support/alimony: Public assistance payments, welfare payments, alimony, and child support payments. Food Assistance benefits should not be reported.

Column 3 Pensions/retirement/social security/SSI/VA: Pensions, retirement income, Social Security, Supplemental Security Income (SSI), Veteran's (VA) payments and disability payments.

Column 4 All Other income: Worker's Compensation, strike benefits, unemployment compensation, regular contributions from people who do not live in your household, cash from savings, interest/dividends, income from estates/trusts/investments, net royalties/annuities, business, farm or rental property and any other money that may be available to the family. Do not include food assistance payments or Federal education benefits.

Income Exclusions:

- Foster Children: Payments received by household for a foster child.
- Student financial assistance: Provided for the costs of attendance at an educational institution, such as grants and scholarships, awarded to meet educational expenses.
- Loans: Such as bank loans, since these funds are only temporarily available and must be repaid.
- The value of in-kind compensation: Such as military on-base housing or any other noncash benefit.
- Occasional earnings: Received on an irregular basis and not recurring. Examples include occasional babysitting, mowing lawns and tax refunds.
- Federal programs which are excluded by legislation: Including the value of assistance to children and their families under the National School Lunch Act, the Child Nutrition Act of 1966, and the Food Stamp Act of 1977.

Household Income Special Situations:

- Alimony and child support: Any money received by a household in the form of alimony or child support is considered income by the receiving household. However, any money paid out for alimony or child support may not be deducted from a household's reported gross income.
- Child's income: The earnings of a child who is a full-time or regular part-time employee must be listed on the application as income. However, occasional earnings such as income from occasional babysitting or mowing lawns should not be listed on the application as income.
- Garnished wages and bankruptcy: Income is the gross income received by a household before deduction. In the case of garnished wages and income ordered to be used in a specified manner, the total gross income must be considered regardless of whatever portions are garnished or used to pay creditors.
- Lump sum payments: Lump sum payments or large cash settlements are not counted as income since they are not received on a regular basis. These funds may be provided as compensation for a loss that must be replaced, such as an insurance settlement. When lump sum payments are put into a savings account and the household regularly draws from the account for living expenses, the amount withdrawn is counted as income.
- Military benefits: If housing is part of the Military Housing Privatization Initiative and Family Subsistence Supplemental Allowance is received, do not include these as income when determining household eligibility for free and reduced-price meals. This income exclusion is not an allowable exclusion for households living off-base in the general commercial/private real estate market. "Privatized housing" refers to the Military Housing Privatization Initiative which puts the operation of military owned housing under private contractor and a housing allowance would appear on the leave and earnings statement of service members living in privatized

housing. Also, in regard to deployed service members, only that portion of a deployed service member's income made available by them or on their behalf to the household can be counted as income to the household. Combat Pay, including Deployment Extension Incentive Pay (DEIP) is also excluded and will not be counted as income to the household. All other allowances must be included in gross income.

PART 4: Signature and Last 4 Digits of Social Security Number - An adult member of the household **must** sign his/her name and date the form. If the adult does not have a social security number, the box "I do not have a Social Security Number" should be checked. The last 4 digits of the social security number are not required if a Food Assistance number or OWF number has been listed in Part 2, or in the case of a student under 21 who lives alone (emancipated student), or when an individual under 21 signs the application as the parent, guardian, or oldest member of a child's household. The last 4 digits of the social security number are required only when the monthly household income is used to determine eligibility category. The sponsor must compare income for the household size to the 2013-2014 Income Eligibility Guidelines for free and reduced-price meals on page 8 to determine the meal eligibility category.

PART 5: Racial/Ethnic Identity - The Civil Rights question on PART 5 of the Income Eligibility Application for Free and Reduced-Price Meals is optional and need not be answered in order for the application to be considered complete. However, Civil Rights regulations do require CACFP sponsors of center based and after school programs to maintain information about the racial/ethnic background of all enrolled children. If parents do not complete this section, then center/sponsor must visually identify the racial/ethnic identity of the child. All sponsors must record this information annually, preferably using the "racial/ethnic data" column on the Master List form that can be found on the CACFP web site. All income and racial/ethnic information is confidential and protected by law. Sponsors are to limit the use of this information to people directly connected with administering the CACFP. The racial/ethnic categories are defined as:

1. **American Indian or Alaska Native**. A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian**. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
3. **Black or African American**. A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American".
4. **Native Hawaiian or Other Pacific Islander**. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White**. A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
6. **Other**. Determined by respondent.
7. **Ethnic Identities.** Check the box that best describes the child(ren).

HOUSEHOLD LETTER TO PARENTS/GUARDIANS:

Sponsors must distribute a Household Letter (page 11) to parents/guardians along with the Income Eligibility Application for Free and Reduced-Price Meals. The Household Letter should be on the reverse side of the application. **NOTE: CACFP Regulation 226.23(e): The eligibility application and household letter given out to families of enrolled participants shall contain only the income levels for reduced- price meal eligibility**.

If you choose to develop your own household letter, it must include the following types of information:

1. Sponsors of centers distributing the Income Eligibility Application for Free and Reduced Price Meals must distribute a Household Letter describing CACFP benefits to the parents/guardians of enrolled children. Child care centers claiming all enrolled children in the paid income category do not have to meet this requirement.
2. The nondiscrimination statement:

   The U.S Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

   If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

   Individuals who are deaf, hard of hearing 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.

3. Instructions on making application for free and reduced-price meals.
4. An explanation that an application must contain complete information to be considered eligible for free or reduced-price meals.
5. Space to signify a foster child.
6. A statement that children of parents or guardians who become unemployed are eligible for meal reimbursement during periods of unemployment provided the loss of income during this time causes the family to be within eligibility standards for meals.

UPDATING FORMS:

In accordance with 7 CFR 226.23(f), CACFP institutions must collect and report to State Agencies free, reduced and paid meal eligibility information. Such information must be updated annually and may not be more than 12 months old. Thus a new Income Eligibility Application for Free and Reduced-Price Meals **must** be completed by parents or guardians once every twelve (12) calendar months in order for the child care program to claim a child in the free or reduced category. Keep expired forms on file, however the form and its information are invalid after twelve months.

The date to be used to determine if an Income Eligibility Application (income form) is current and valid is the date on which the sponsor or center representative signs the income form to certify eligibility/category of the child. (Note: This change was effective last year as before that it used to be from the date the parent dated the form).

Effective Date: The first day of the month in which the form was dated by the sponsor or center representative.

Expiration Date: Income eligibility forms should be considered current and valid until the last day of the month in which the form was dated as categorized by the sponsor or center representative one year earlier. Or in other words, form is valid for a year until the last day of the month in which the form was originally dated and categorized by the sponsor or center representative.

Example A: The parent dated the form on July 9, 2013 and the sponsor or center representative dated the form on July 10, 2013. The form is effective July 1, 2013 and expires on July 31, 2014.
Example B: The parent dated the form on July 31, 2013 and the sponsor or center representative dated the form August 2, 2013. The form is effective August 1, 2013 and expires on August 31, 2014.

MAINTAINING RECORDS:

CACFP records (including Income Eligibility Applications) must be kept on file for at least three (3) years plus the current fiscal year, or longer if there is an unresolved evaluation/audit. The State Agency has developed a Master List Form that center-based programs (excluding Head Start, Early Head Start, After School At Risk Programs and Homeless/Domestic Violence/Emergency Shelters) should use to record which category each child is claimed and to simplify completing the monthly claim for reimbursement. A copy may be downloaded from our web site at: **http://www. education.ohio.gov**

INCOME ELIGIBILITY GUIDELINES:

Free and reduced-price income eligibility guidelines are updated by the Federal government on July 1 of each year. Prior to completing the July claim for reimbursement, the sponsor must apply the new guidelines to current applications and re-categorize any application where necessary. **The guidelines effective July 1, 2013 through June 30, 2014 are on page 9. You must use this 2-part chart and not the reduced-price guidelines on the Household Letter when categorizing and approving the Income Eligibility Application for Free and Reduced-Price Meals. Do not distribute this chart to parents/families.**

The Income Eligibility Guidelines (on page 9) list the household size, the income for five different pay periods/schedules (annual, monthly, twice per month, every two weeks and weekly), and shows the upper income levels for the free and reduced-price categories. After reviewing an income application/form and determining the number of people in the household and the total household income, you must first find the total number of people in the household in the first column titled, *Household Size*; then follow that row across the chart to compare the household income to the correct pay period/schedule.

- To determine whether a child qualifies for free meals, the total household income must be equal to or less than the free income guidelines.
- To determine the reduced-price category, the household income must be equal to or less than the reduced-price income guideline but greater than the free guidelines.
- An income application/form falls into the paid category when the household income is over the reduced-price household income.

REMINDERS FOR INCOME DETERMINATION

If the household has only one income source, or if all sources are received in the same frequency (annually, monthly, twice per month, every two weeks or weekly), compare the income or sum of the incomes to the Income Eligibility Guidelines for that household size and that particular frequency of pay to make the eligibility determination/categorization. There is no need to convert income to a monthly amount if all income listed in the frequency.

Example:	Jim Taylor	$ 1527 / every two weeks
	Mary Taylor	$ 843 / every two weeks
		$ 2,370 / every two weeks,

On the Income Eligibility Guidelines chart, compare the household size to the income listed in the "Every Two Weeks" column to determine category.

If the household reports income sources at more than one frequency (annually, monthly, twice per month, every two weeks or weekly), all the incomes need to be converted to annual (yearly) totals by using the following Annual Income Conversion: Weekly Income by 52, Every Two Weeks Income (Bi-weekly) by 26, Twice Per Month Income (Semi-monthly) by 24, and Monthly Income by 12. Do not round income amounts resulting from each conversion. After converting each income to annual income, add the incomes together, and then compare the number of household members to the total annual income on the Income Eligibility Guidelines chart to make the eligibility determination/categorization.

Example:	Bob Smith	$ 800 / every two weeks	(800 x 26 = $20,800)
	Jane Smith	$ 218 / weekly	(200 x 52 = $11,336)
		$ 153 / twice per month	(150 x 24 = $ 3,672)
		$ 100 / monthly	(100 x 12 = $ 1,200)
		Total Household Income equals:	$ 37,008 annually

On the Income Eligibility Guidelines chart, compare the household size to the income listed in the "Annual" column to determine category.

USDA
INCOME ELIGIBILITY GUIDELINES
FY 2014
Effective July 1, 2013 through June 30, 2014

Households with total incomes less than or equal to the values below are eligible for free or reduced-price meals.

	FREE - 130%					REDUCED – 185%				
HOUSEHOLD SIZE	ANNUAL	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY	ANNUAL	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY
1	14,937	1,245	623	575	288	21,257	1,772	886	818	409
2	20,163	1,681	841	776	388	28,694	2,392	1,196	1,104	552
3	25,389	2,116	1,058	977	489	36,131	2,3011	1,506	1,390	695
4	30,615	2,552	1,276	1,178	589	43,568	3,631	1,816	1,676	838
5	35,841	2,987	1,494	1,379	690	51,005	4,251	2,126	1,962	981
6	41,067	3,423	1,712	1,580	790	58,442	4,871	2,436	2,248	1,124
7	46,293	3,858	1,929	1,781	891	65,879	5,490	2,745	2,534	1,267
8	51,519	4,294	2,147	1,982	991	73,316	6,110	3,055	2,820	1,410
For each additional family member, add	5,226	436	218	201	101	7,437	620	310	287	144

ANNUAL INCOME CONVERSION:

Weekly Income by 52
Every Two Weeks Income (Bi-weekly) by 26
Twice Per Month Income (Semi-monthly) by 24
Monthly Income by 12

THIS CHART IS TO BE USED BY INSTITUTIONS, SCHOOLS, CENTERS AND SPONSORING ORGANIZATIONS TO APPROVE AND CATEGORIZE COMPLETE INCOME ELIGIBILITY APPLICATIONS FOR FREE AND REDUCED-PRICE MEALS.

THIS CHART IS NOT TO BE DISTRIBUTED TO FAMILIES/PARTICIPANTS.

CHILD AND ADULT CARE FOOD PROGRAM: CHILD CARE COMPONENT
INCOME ELIGIBILITY APPLICATION FOR FREE AND REDUCED PRICE MEALS FY 2013 – 2014

FY2013 – FY2014 (7/1/13 – 6/30/14) INSTRUCTIONS: To apply for free and reduced-price meals, read the Household Letter and instructions on backside of this form. Complete application and return to the center. In accordance with the NSLA, 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. *Part 1* is to be completed by all households. *Part 2* is to be used only for a child living in a household receiving Food Assistance or Ohio Works First (OWF) benefits. *Part 3* is only for children NOT receiving Food Assistance or OWF benefits. *Part 4 an* adult household member must sign and date form; the last 4 digits of social security number must be listed if Part 3 is completed. *Part 5* is optional. * Asterisks indicate info that must be completed. Form must be completed annually and is valid for only 12 mo.

CENTER NAME _____

PART 1 – PRINT INFORMATION FOR ALL CHILDREN ENROLLED AT CENTER

* NAME OF ENROLLED CHILD(REN)	AGE	BIRTH DATE	CHECK IF A FOSTER CHILD (the legal responsibility of a welfare agency or court).	PART 2 – LIST EACH CHILD'S FOOD ASSISTANCE OR OWF CASE NUMBER, IF ANY. A VALID CASE NUMBER CONTAINS 10 OR 12 DIGITS. DO NOT USE SWIPE CARD NUMBER. Circle type of benefit: FOOD ASSISTANCE or OWF
1.			☐	CASE NUMBER: __ __ __ __ __ __ __ __ __ __ __ __
2.			☐	CASE NUMBER: __ __ __ __ __ __ __ __ __ __ __ __
3.			☐	CASE NUMBER: __ __ __ __ __ __ __ __ __ __ __ __
4.			☐	CASE NUMBER: __ __ __ __ __ __ __ __ __ __ __ __

PART 3 – TOTAL HOUSEHOLD SIZE, TOTAL HOUSEHOLD GROSS INCOME AND HOW OFTEN IT WAS RECEIVED: List names of all household members. List all gross income: list 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 IT WAS RECEIVED: Weekly, Every 2 Weeks, Twice Per Month, 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
EXAMPLE: JANE SMITH	☐	$ 200 / weekly	$ 150 / twice month	$ 100 / monthly	$ _____/_____
1.	☐	$_____/_____	$_____/_____	$_____/_____	$_____/_____
2.	☐	$_____/_____	$_____/_____	$_____/_____	$_____/_____
3.	☐	$_____/_____	$_____/_____	$_____/_____	$_____/_____
4.	☐	$_____/_____	$_____/_____	$_____/_____	$_____/_____
5.	☐	$_____/_____	$_____/_____	$_____/_____	$_____/_____
6.	☐	$_____/_____	$_____/_____	$_____/_____	$_____/_____

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

I certify that all information on this form is true and correct and that all income is reported. I understand that the center will get 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 4 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).

	American Indian or Alaska Native		Asian		Black or African American
	Native Hawaiian or Other Pacific Islander		White		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: 6/21/2013

THIS SECTION TO BE COMPLETED BY CENTER:

Complete information below only if qualifying child(ren) by household income from Part 3. Per the total household size, compare total household income to the USDA Income Eligibility Guidelines to determine correct categorization. When income is listed in different frequencies of pay in Part 3, you must convert all income to annual income before determination. Use the following Annual Income Conversion :
Weekly x 52, Every 2 Weeks (bi-weekly) x 26, Twice per Month (semi-monthly) x 24, Monthly x 12

Application Categorized as:

☐ **FREE,** based on ☐ Food Assistance/OWF Case No.
☐ Household Size & Income
☐ Foster Child

☐ **REDUCED**, based on Household Size & Income

Total Household Size: _____

Total Household Income: $_____

Per: ☐ Week ☐ Every 2 Weeks ☐ Twice Per Month ☐ Month ☐ Year

☐ **PAID,** based on ☐ Income Too High
☐ Incomplete
☐ Invalid case number or information

_____ Signature of Sponsor / Center Representative	_____ Date Sponsor Categorized	_____ Effective Date (From the first of 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)

HOUSEHOLD LETTER - Dear Parent or Guardian:

Please help us comply with the requirements of the United States Department of Agriculture's Child and Adult Care Food Program (CACFP by completing the attached Income Eligibility Application for free and reduced-price meals. All information will be treated with strict confidentiality. The CACFP provides reimbursement to the child care center for healthy meals and snacks served to children enrolled in child care. **The completion of the Income Eligibility Application is OPTIONAL.** Complete the application on the reverse side using the instructions below for your type of household. You or your children do not have to be U.S. citizens to qualify for meal benefits offered at the child care center. Households with incomes less than or equal to the reduced-price values listed on the chart at the bottom of this page are eligible for free meal benefits**.** An application must contain complete information to be considered for free or reduced-price meals. Households are no longer required to report changes regarding the increase or decrease of income or household size or when the household is no longer certified eligible for Food Assistance or Ohio Works First (OWF). Once properly approved for free or reduced price benefits, a household will remain eligible for these benefits for a period not to exceed 12 months. During periods of unemployment, your child(ren) is eligible for meal reimbursement provided the loss of income during this time causes the family to be within eligibility standards for meals. In operation of the CACFP, no person will be discriminated against because of race, color, national origin, sex, age or disability §226.23(e)(2)(iv). If you have questions regarding the completion of this application, contact the child care center.

PART 1 – CHILD INFORMATION: ALL HOUSEHOLDS COMPLETE THIS PART (* denotes required info)

- * Print the name of the child(ren) enrolled at the child care center. All children (including foster children) can be listed on the same application.
- List the enrolled child's age and birth date.
- Check box indicating if the child is a foster child. Foster children that are under the legal responsibility of the foster care agency or court are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income.

PART 2 – HOUSEHOLDS RECEIVING FOOD ASSISTANCES OR OWF: COMPLETE THIS PART AND PART 4 – If a child is a member of a Food Assistance or OWF household, the child is automatically eligible to receive free CACFP meal benefits subject to application completion.

- Circle the type of benefit received (Food Assistance or OWF).
- List a current Food Assistance or OWF case number for each child. This will be a 10 or 12-digit number. Do not list a swipe card number.

SKIP PART 3 – Do <u>not</u> list names of household members or income if you listed a valid Food Assistance or OWF case number for each child in Part 2.

PART 3 – TOTAL HOUSEHOLD SIZE, GROSS INCOME & HOW OFTEN RECEIVED: ALL OTHER HOUSEHOLDS COMPLETE THIS PART & PART 4.

a) Write the names of all household members including yourself and the child(ren) that attends the child care center, whether they receive income or not. A household is defined as a group of related or unrelated individuals who are living as one economic unit that share housing and/or significant income and expenses of its members. This might include grandparents, other relatives, or friends who live with you. Attach another piece of paper if you need more space to list all household members.

b) Check the box for any person listed as a household member (including children) that has no income.

c) For each household member, list each type of income received during the last month and list how often the money was received.

1) *Earnings from work before deductions*: Write the amount of total gross income each household member received the last month, before taxes/deductions or anything else is taken out (not the take-home pay) and how often it was received (weekly, every 2 weeks, twice per month, monthly, annually). Income is any money received on a recurring basis, including gross earned income. Households are not required to include payments received for a foster child as income. If any amount during the previous month was more or less than usual, write that person's usual monthly income. If you normally get overtime, include it, but not if you only get it sometimes. If you are in the military and your housing is part of the Military Housing Privatization Initiative and you receive the Family Subsistence Supplemental Allowance, do not include these allowances as income. Also, in regard to deployed service members, only that portion of a deployed service member's income made available by them or on their behalf to the household will be counted as income to the household. Combat Pay, including Deployment Extension Incentive Pay (DEIP) is also excluded and will not be counted as income to the household. All other allowances must be included in your gross income.

2) *List the amount each person got the last month from welfare, child support or alimony and list how often the money was received*.

3) *List the amount each person got the last month from pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's (VA) benefits or disability benefits and list how often the money was received.*

4) *List all other income sources*. Examples include: Worker's Compensation, strike benefits, unemployment compensation, regular contributions from people who do not live in your household, cash withdrawn from savings, interest/dividends, income from estates/trusts/investments, net royalties/annuities or any other income. For only the self-employed, report income after expenses (net income) in column 1 under earnings from work. For your business, farm or rental property report income in column 4. Do not include food assistance payments.

PART 4 – SIGNATURE AND LAST 4 DIGITS OF SOCIAL SECURITY NUMBER: ALL HOUSEHOLDS COMPLETE THIS PART (* denoted required info)

a) * All applications must have the signature of an adult household member.

b) * The adult signing the application must also date the form.

c) * Only an application that lists income in Part 3 must have the last 4 digits of the social security number of the adult who signs. If the adult does not have a social security number, check the box "I do not have a Social Security Number." If you listed a Food Assistance or OWF number for each child or if you are applying for a foster child, the last 4 digits of the social security number are not required.

PART 5 – RACIAL/ETHNIC IDENTITY – OPTIONAL

You are not required to answer this part in order for the application to be considered complete. This information is collected to make sure that everyone is treated fairly and will be kept confidential. No child will be discriminated against because of race, color, national origin, gender, age or disability.

NON-DISCRIMINATION STATEMENT: The U.S Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.
Individuals who are deaf, hard of hearing 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.

REDUCED INCOME ELIGIBILITY GUIDELINES – 185%
Guidelines to be effective from July 1, 2013 through June 30, 2014
Households with incomes less than or equal to the reduced price values below are eligible for free or reduced-price meal benefits.

HOUSEHOLD SIZE	YEAR	MONTH	TWICE PER MONTH	EVERY TWO WEEKS	WEEK
1	21,257	1,772	886	818	409
2	28,694	2,392	1,196	1,104	552
3	36,131	3,011	1,506	1,390	695
4	43,568	3,631	1,816	1,676	838
5	51,005	4,251	2,126	1,962	981
6	58,442	4,871	2,436	2,248	1,124
7	65,879	5,490	2,745	2,534	1,267
8	73,316	6,110	3,055	2,820	1,410
For each additional family member, add	7,437	620	310	287	144