

How to Complete the CACFP Meal Benefit Income Eligibility Form Correctly



Name of Child Care Center: **Kind Kitty Soft Kitty Academy**

July 1, 2018

Enter your center name.

CACFP Meal Benefit Income Eligibility Statement*

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

Name: (Last, First and Middle Initial) Sarah Chu	Date of Birth (Optional) MM/DD/YY 05/07/17	SNAP, TANF, or FDIPIR case number, or Client ID number for children only. All the above, or SSI or Medicaid case number for Adults. Note: Do not use EBT numbers. Write case number and proceed to Part III. 123456789	Children in Head Start, foster care and children who meet the definition of migrant, runaway, or homeless are eligible for free meals. Check (✓) all that apply. [See definitions in FAQs]				
			Head Start	Foster Child	Migrant	Runaway	Homeless
			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AU# for Food Stamps/TANF is 9 digits long. Client ID# is 9 digits long. MEDICAID or SSI #s are only for Adults in CACFP, not children.

If checked, official proof of Head Start enrollment. Send proof with this form. Check FAQ for details.

Are you unsure what income to include here? Flip the page and review the charts titled "Sources of Income" for more information

A. Income of enrolled children in Part 1 entered here (if any). All children income/How often? \$ _____ / _____

B. Other Household Members. List all household members (including yourself) not listed in Part I even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter "0" or leave any field blank you are certifying (promising) there is no income to report.

Name of Other Household Members (First and Last)	1. Earnings from work before deductions / How often	2. Welfare, child support, alimony / How Often	3. Social Security, pensions, Supplemental Security Income	4. All other income / How Often
(Example) Jane Smith	\$ 200/week	\$ 150/twice a m		
1. John Chu	\$ 350 / week	\$ _____ / _____		
2. Sarah Chu	\$ 1000 / month	\$ _____ / _____		
3. _____	\$ _____ / _____	\$ _____ / _____		
4. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
5. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____

Must know if weekly, monthly, yearly, etc. Household includes all adults and children not enrolled at your center.

C. Total Household Members (Adults and Children) listed in Part I and Part II _____

D. Social Security Number. If income is listed or completed in Part II, the adult completing the form must also list the last four digits of the Social Security Number. Failure to complete this section, if income is listed, will result in the denial of free or reduced eligibility. Last four Digits of Social Security Number XXX-XX-**1234** I do not have a Social Security Number

MANDATORY Required to qualify by income.

PART III: Enrollment Information: Children Only

My child is normally in attendance at the facility between the hours of **6:30** [am/pm] to **6:00** [am/pm] (✓) Check here if only be

Circle the days your child will normally attend the center: Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Circle the meals your child will normally receive while in care: Breakfast AM Snack Lunch PM Snack Supper Evening Snack

This should reflect any days children could be in care during school breaks.

PART IV: Signature

I certify that all information on this form is true and that all information provided is correct. I understand that CACFP officials may verify the information. I understand that if the participant receiving meals may lose the meal benefits, and I may be prosecuted. This form, if not completed fully and signed, the participant will be placed in the Paid category.

Signature: X **John Chu** **MANDATORY Must be real parent or guardian signature.** Date: **5/3/18**

Address: **234 Appleton Way** City: **Macon** State: **GA** Zip: **31229** Phone: **478-555-1212**

PART V: Participant's Ethnic and Racial Identities (optional)

Check (✓) one ethnic identity: Hispanic/Latino Not Hispanic/Latino

Check (✓) one or more racial identities: Asian White Black or African American Indian or Alaska Native Hawaiian or other Pacific Islander

Official Use Only Section for QCC Staff: Annual Income Conversion: Weekly x 52, Every 2 weeks x 26, Twice a month x 24, Monthly x 12

Center must use best judgment to complete both questions if parent does not.

(B) Household Size: _____ (C) Categorical Eligibility: (Check if applicable) (D) Eligibility: Free Reduced Paid-Denied

(E) Day Care Homes Only: Check one Tier I Tier II (F) Time Period: _____

When more than one person is performing CACFP duties, there must be at least two signatures on this form: one signature from the Determining Official (the official who determined initial income classification) and one signature from the Confirming Official (the official who verified the form's accuracy).

Determining Official's Signature: _____ **QCC COMPLETES THIS SECTION.** Date: _____

Follow Up Official's Signature: _____ Date: _____

THE INFANT AFFIDAVIT MUST BE COMPLETED BY ALL FAMILIES WITH INFANTS. NO EXCEPTIONS.

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July 1, 2017 – June 30, 2018

INFANT AFFIDAVIT (MANDATORY FOR ALL INFANTS IN CARE)

In CACFP, programs must offer a USDA approved "ready-to-feed" commercial iron-fortified milk-based infant formula to infants in their care. DECAL only per commercially prepared, "ready-to-feed" formula.

MANDATORY
As a participant in CACFP, you must OFFER these to your families with infants. They have the CHOICE to refuse what you offer and use their own.

To be completed by center BEFORE giving to parents:

Name of Sponsor: Quality Care for Children

According to USDA regulations, as an institution participating in the Child and Adult Care Food Program, the center must offer to provide meals to all infants enrolled for care in my center/facility.

I, Kind Kitty Soft Kitty Academy (name of center), will provide and reimburse for the following items to all infants enrolled for care in my facility:

- Center Official Formula (name of milk-based iron-fortified formula) and
- Center Official Infant Cereal (name of iron-fortified infant cereal)

Parents/Guardians:

Do not complete unless the center section above has been filled-in with both formula and cereal.

Name of Infant: Sarah Chu

Please check one of the following options and sign this form:

I would like the provider/center to provide the milk-based iron fortified infant formula and iron-fortified infant cereal listed above to my infant and I will provide clean, sanitized and labeled bottles daily.

I will provide the following for my infant on a daily basis:

- NuBaby Formula (name of milk-based iron-fortified formula) and
- NuBaby Cereal (name of iron-fortified infant cereal)

John Chu
Parent/Guardian Signature

5/3/18
Date

*Any parent requesting any formula other than a USDA approved milk-based or soy-based iron fortified formula be provided to their infant or any parent who provides any formula other than a USDA approved milk-based or soy-based iron-fortified formula for their infant must provide a doctor's note indicating the required use of the formula. If a parent elects to have the center or day care home provider supply meals to their infant, the infant will be fed according to its individual feeding plan that is provided by the parent or guardian although the center or day care home provider may only claim reimbursement for no more than breakfast, lunch or supper, and a snack.