

North Carolina
Department of Health and Human Services
Women's and Children's Health
CHILD AND ADULT CARE FOOD PROGRAM
CHILD FOOD PROGRAM ELIGIBILITY APPLICATION

1. PRINT THE PARTICIPANT'S NAME AND DATE OF BIRTH:

NAME OF INSTITUTION: _____

First Name Last Name Date of Birth

FACILITY NAME: _____

First Name Last Name Date of Birth

AGREEMENT NUMBER: _____

First Name Last Name Date of Birth

2. FOOD STAMP, TANF or FDPIR : If the household currently receives FOOD STAMP, TANF or FDPIR benefits give the case number. Yes, we receive food stamps, TANF or FDPIR benefits. Case number is: **Food Stamp #** _____

TANF # _____ **FDPIR #** _____

If yes, and you have provided the case number, **DO NOT complete #3 and #4. Complete #5(voluntary) and #6.** If a child is a member of a food stamp or FDPIR household or AFDC assistance unit, the child is automatically eligible to receive free Program meal benefits, subject to the completion of the application.

3. IS THIS A FOSTER CHILD? Yes No. If yes, give the child's income \$ _____ and **DO NOT complete #4. Complete #6 and contact institution for further instructions.**

4. HOUSEHOLD MEMBERS MONTHLY INCOME: List all others living in your household, **DO NOT** include participant listed above. List all gross income (**before deductions**) received last month. If you did not give a food stamp, TANF or FDPIR case number, you must complete the income information.

Names of all Other Household Members	Monthly Wages Salaries	Monthly Social Security Earnings	Monthly Public Assistance/ Child Support Earnings	Monthly Retirement Pensions Earnings	Monthly Other Earnings
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$

5. RACIAL/ETHNIC IDENTITY OF PARTICIPANT: You are NOT required to answer this question.

- White, not Hispanic Origin Black, not Hispanic Origin Hispanic
 Asian/Pacific Islander American Indian/Alaska Native

6. SIGNATURE AND SOCIAL SECURITY NUMBER: I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of federal funds; that institution officials may verify the information on the application and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

Signature of Adult Household Member (Required) _____ Date: _____

Social Security Number _____

Printed Name _____

Home Telephone # _____ Work Telephone # _____

Address _____

City _____ Zip Code _____

Unless you include your child's case number for the Food Stamp Program, the Food Distribution Program on Indian Reservations (or other identifier for the Food Distribution Program on Indian Reservations) or the Temporary Assistance for Needy Families Program, you must include the social security number of the adult household member signing the application or indicate that the household member does not have a social security number. This is required by section 9 of the National School Lunch Act. The social security number is not mandatory, but the application cannot be approved if a social security number is not given or an indication is not made that the signer does not have a social security number. The social security number will be used in the administration and enforcement of the program. If a child is a Head Start participant, the child is automatically eligible to receive free Program meal benefits, subject to submission by Head Start officials of a Head Start statement of income eligibility or income eligibility documentation.

For Institution To be classified and completed by institution/sponsor

TOTAL HOUSEHOLD SIZE _____ TOTAL HOUSEHOLD MONTHLY INCOME \$ _____

- Approved: Free Reduced Denied
Reason for denial: Income too high Incomplete application Other _____
Withdrew on (Date): _____

For state use only:
Verified by: _____
Date: _____
Verified classification: Free Reduced Denied
Reason for change in classification: _____

Signature of Eligibility Official _____
CAC 11 (6/04) Nutrition Services

_____ Date

**PARENT GUARDIAN/HOUSEHOLD LETTER FOR NON-PRICING INSTITUTIONS
CHILD AND ADULT CARE FOOD PROGRAM**

Dear Parent or Guardian,

Please help us comply with the federal requirement mandating the annual submission of Program Eligibility Application (DHHS T-CAC 11). This application will be used only for eligibility determination, placed in our files and treated as confidential information. In order for participants and the day care center to be considered eligible for program benefits, an adult household member must complete the Program Eligibility Application for each participant enrolled in the center as soon as possible, sign, date and return it to the day care center.

If you currently receive food stamps, Temporary Aid to Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR), you are not required to list household income. You may give your food stamp, TANF or FDPIR case number, sign, date and return the application. You should also note that if you have a foster child the day care center may be eligible for program benefits for the foster child regardless of the income of your household. Please contact the institution for further instructions.

You should list the name of everyone who lives in your household, including all children, parents, grandparents and other relatives. The Department of Agriculture defines a household as a group of related or unrelated individuals (not residents of an institution or boarding house) who are living as one economic unit (i.e. sharing living expenses).

The income which you report **must** be the total gross income, before deductions, received by all members of your household last month (i.e. wages, welfare or retirement etc). Military benefits received in cash, such as housing allowance for military households living off base and food or clothing allowance, **must** be considered as income. If you have a household member for whom last month's income was higher or lower than usual, list that person's expected average monthly income. If your household's income is equal to or less than the amounts indicated for your household's size on the chart below, the participant and the day care center will be eligible for program benefits.

**EFFECTIVE JULY 1, 2004 - JUNE 30, 2005
REDUCED GUIDELINES**

HOUSEHOLD SIZE	YEARLY	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY
1	17,224	1,436	718	663	332
2	23,107	1,926	963	889	445
3	28,990	2,416	1,208	1,115	558
4	34,873	2,907	1,454	1,342	671
5	40,756	3,397	1,699	1,568	784
6	46,639	3,887	1,944	1,794	897
7	52,522	4,377	2,189	2,021	1,011
8	58,405	4,868	2,434	2,247	1,124
For each Household member add:	+5,883	+ 491	+246	+227	+114

You may submit a program eligibility application any time during the fiscal year. If you aren't eligible now but have an increase in household size, become unemployed or have a decrease in income causes your household's total income to be within the eligibility standards on the chart above, you may reapply for program benefits. The information on the application may be verified by the institution's eligibility official at any time during the fiscal year.

You must notify us of any decrease in household size. You **must** notify us of any increase in income during the year which exceeds \$50 per month or \$600 per year. If you listed a food stamp, TANF or FDPIR case number, you must notify us when you no longer receive these benefits.

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 USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

CACFP ELIGIBILITY APPLICATION INSTRUCTIONS

Please complete the Child and Adult Care Food Program Eligibility Applications using the instructions below. Sign the statement and keep it in your files.

PART 1-PARTICIPANT’S INFORMATION: Complete this part.

Print the name(s) of the child enrolled in the center.

PART 2-HOUSEHOLD GETTING FOOD STAMPS, TANF, OR FDPIR BENEFITS: Complete this PART and PART 6.

- (1) List your current food stamp, TANF, or FDPIR case identification number.
(2) An adult household member must sign the statement in PART 6.

PART 3-FOSTER CHILD

- (1) Indicate if child is a Foster Child.
(2) If yes, do not complete PART 4.
(3) An Adult household Member must sign the statement in PART 6.

PART 4- HOUSEHOLD INCOME: Complete this PART and PART 6

- (1) List the names of household members.
(2) Write the amount of income (the amount before taxes or anything else is taken out), the frequency of income (i.e. weekly, every two weeks, twice a month, or monthly) received last month for each household member and where it came from, such as earnings, welfare, pensions and other income (refer to examples below for types of income to report). If any amount last month or less than usual, write the person’s usual income.
(3) An adult household member must sign this income eligibility statement and give his/her social security number in PART 6.

PART 5-RACIAL/ETHNIC IDENTITY: Complete the Racial/Ethnic identity question if you wish.

You are not required to answer this question to get meal benefits. However, this information will help ensure that everyone is treated fairly.

PART 6-SIGNATURE AND SOCIAL SECURITY NUMBER: All households complete this PART.

- (1) All eligibility statements must have this signature of an adult household member;
(2) The adult household member who signs the statement must include his/her social security number. If he/she does not have a social security number, write “none”. If you listed a food stamp, TANF, or FDIR number a social security number is not needed.

INCOME TO REPORT

Earnings from Employment

Wage/salaries/tips
Strike benefits

Unemployment compensation
Worker’s compensation
Net income from self-owned business or farm

Welfare/Child Support/Alimony

Public assistance payments
Welfare payments
Alimony/Child support payments

Foster Child’s Income

ONLY funds from welfare agency identified by category for personal use of child (clothing, school fees, etc.), funds from child’s family for personal use and earnings from other than occasional or part-time employment. DO NOT COUNT funds from welfare agency for shelter, care, etc.

Pensions/Retirement/Social Security

Pensions
Supplemental security income
Retirement income
Veteran’s payments
Social security

Military Households

All cash income, including military housing/uniform allowances. Does not include “in-kind” benefits NOT paid in cash (base housing, clothing, food, medical care, etc.)

Other Income

Disability benefits
Cash withdrawn from savings
Interest/dividends
Income from estates/trusts/investments
Regular contributions from persons not living in the household
Net royalties/annuities/net rental income
Any other income

All programs of the United States Department of Agriculture are available to everyone with out regard to race, color, sex, national origin, age or disability.