

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

To apply for free and reduced-price meals, carefully complete, sign, date, and return this application to: (state below)

_____. If you have questions about this form, please call (_____) _____
 Name of Institution Telephone #.

1. PRINT PARTICIPANT NAME AND DATE OF BIRTH: _____
First Name Last Name Date of Birth

2. MEDICAID, SSI, FDPIR AND/OR FOOD STAMP HOUSEHOLDS: If the applicant is currently included in a Medicaid, SSI FDPIR and/or food stamp program, you may give the case number instead of listing income. Yes, we receive Medicaid, SSI, FDPIR and/or food stamps. If an adult participant is a member of a food stamp or FDPIR household or is a SSI or Medicaid participant, the adult participant is automatically eligible to receive free Program meal benefits, subject to the completion of the application.

Medicaid# _____ Food Stamp # _____
 SSI# _____ FDPIR ID# _____

If yes, and you have provided the case number, **do not complete #3. Complete #4 (voluntary) and #5.**

3. HOUSEHOLD MEMBERS AND 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 medicaid, SSI, FDPIR and/or food stamp case number, you must complete the income information.**

Names of all Other Household Members	Monthly Wages Salaries	Monthly Social Security	Monthly Retirement Pensions Earnings	Other Monthly Earnings
	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____

4. 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

5. 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 _____ Date _____ Social Security Number _____

Printed Name _____ Home Telephone # _____ Work Telephone # _____

Address _____

Section 9 of the National School Lunch Act requires that, unless a food stamp, or FDPIR case number or SSI or Medicaid assistance identification number is provided for the adult for whom benefits are sought, you must include a social security number on the application. This must be the social security number of the adult household member signing the application. If the adult household member signing the application does not possess a social security number, he/she must indicate so on the application. Provision of a social security number is not mandatory, but if a social security number is not provided or an indication is not made that the adult household member signing the application does not have one, the application cannot be approved. This notice must be brought to the attention of the household member whose social security number is disclosed. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a food stamp, Indian tribal organization or welfare office to determine current certification for receipt of food stamps or FDPIR benefits, contacting the issuing office of SSI or Medicaid benefits to determine current certification for receipt of these benefits, contacting the State employment security office to determine the amount of benefits received, and checking the documentation produced by household members to provide the amount of income received. These efforts may result in loss or reduction of benefits, administrative claims or legal action if incorrect information is reported.

For Institution (Sponsor) Use Only

TOTAL HOUSEHOLD SIZE: _____ TOTAL HOUSEHOLD MONTHLY INCOME: \$ _____

Approved: Free Reduced Denied
 Reason for denial: Income too high Incomplete application Other

Withdrawn on (Date) _____

For state use only:

Verified by: _____
 Date: _____
 Verified classification: Free Reduced Denied
 Reason for change in classification: _____

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

Date _____
 Nutrition Services

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

Dear Participant or Guardian,

Please help us comply with the federal requirement mandating the annual submission of Program Eligibility Application (CAC 11A). 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.

Food Stamp, Supplemental Security Income (SSI), Medicaid, Food Distribution Program on Indian Reservations Households (FDPIR) participants: If the participant currently receive food stamps, SSI, Medicaid or FDPIR the participant is automatically eligible for free meals. You only have to list the food stamp case number, SSI, Medicaid or FDPIR identification number, sign, date and return the application.

All Other households: If the participant's household income is at or below the level shown on the enclosed scale, the participant is eligible for either free or reduced price meals. To apply for meal benefits, the following information must be provided or the application cannot be approved.

***Household Members:** List the name of the participant and the participant's spouse, and any dependent children, who live in the participant's household.

***Current Income:** List the amount of income each person received last month (BEFORE deductions for taxes, social security, etc.) Frequency of income and where it is from, such as wages, retirement, or public assistance. If any household member's income last month was higher or lower than usual, list that person's expected average monthly income.

***Signature:** an adult household member must sign the application.

***Social Security Number:** List the social security number of the adult who signs the application. If that adult does not have a social security number, print "None".

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 are required to notify us if there is a change in household size or an increase in income which exceeds \$50 per month or \$600 per year. If you list a food stamp, SSI, Medicaid, or FDPIR number, you must notify us when you no longer receive these benefits. Similarly, you should notify us if a household member becomes unemployed and of the loss of income during the period of unemployment.

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 adult enrolled in the center.

PART 2-HOUSEHOLD GETTING FOOD STAMPS, MEDICAID, SSI, OR FDPIR BENEFITS: Complete this PART and PART 5.

- (1) List your current food stamp, Medicaid, SSI, or FDPIR case identification number.
- (2) An adult household member must sign the statement in PART 5.

PART 3- HOUSEHOLD INCOME: Complete this PART and PART 5

- (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 5.

PART 4-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 5-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, Medicaid, SSI, or FDPIR 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

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.