

**North Carolina
Department of Health and Human Services
Women's and Children's Health
CHILD AND ADULT CARE FOOD PROGRAM
ADULT 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, including 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 Household Members	Monthly Wages Salaries	Monthly Social Security	Monthly Retirement Pensions Earnings	Other Monthly Earnings
	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____

4. ETHNIC IDENTITY: (Please check one).
 Hispanic or Latino Not Hispanic or Latino

RACE OF PARTICIPANT: (Please check one or more).
 White Black or African American American Indian or Alaskan Native
 Asian Native Hawaiian or Other Pacific Islander

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 Program 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 criminal laws.

Signature of Adult Household Member (Required) _____ Date _____ Social Security Number (Required (all 9 digits) for households qualifying by income) _____

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 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 (06/08)

_____ 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. Completion of the application is not mandatory for participants unless you wish to be considered for eligibility as a free or reduced price participant.

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, 2008 - JUNE 30, 2009
REDUCED GUIDELINES**

HOUSEHOLD SIZE	YEARLY	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY
1	19,240	1,604	802	740	370
2	25,900	2,159	1,080	997	499
3	32,560	2,714	1,357	1,253	627
4	39,220	3,269	1,635	1,509	755
5	45,880	3,824	1,912	1,765	883
6	52,540	4,379	2,190	2,021	1,011
7	59,200	4,934	2,467	2,277	1,139
8	65,860	5,489	2,745	2,534	1,267
For each Household member add:	+6,660	+555	+278	+257	+129

You may submit a program eligibility application any time during the fiscal year. Participants having family members who become unemployed are eligible for free or reduced-price meals during the period of unemployment, provided that the loss of income causes the family's income during the period of unemployment to be within the eligibility standards for those meals.

Households receiving free and reduced-price meals must notify appropriate institution officials during the year of any decreases in household size or increases in income of over \$50 per month or \$600 per year. In the case of households of adult participants that provide a food stamp or FDPIR case number or an SSI or Medicaid assistance identification number to establish and adult's eligibility for free meals, any termination in the adult's certification to participate in the Food Stamp, FDPIR, SSI or Medicaid Program must be reported to the Institution's official.

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, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). 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 return it to the adult day care center.

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, including the adult enrolled in the center.
- (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 fullsocial security number in PART 5.

PART 4-ETHNIC/RACIAL IDENTITY: Complete the Ethnic/Racial identity question.

PART 5-SIGNATURE AND SOCIAL SECURITY NUMBER: All households complete this PART.

- (1) All eligibility statements must have the 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 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

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.