

INCOME ELIGIBILITY FORM FOR FAMILY DAY CARE PROVIDERS

Please use ink. Do not use white out. Do not write in official use only section.

PROVIDER SURNAME: _____

PART 1. OWN HOUSEHOLD CHILDREN ENROLLED IN DAY CARE						PART 2. BENEFITS
Names of all household children enrolled in daycare (First and Last name)	Birthday Month, day, year	Age	Check if Foster Child	Check if child attends Even/Head Start	Check if child gets NO income	List SNAP, FEP, or FDPIR case # (if any). Skip to part 4 if you list a case # or if all children listed are foster children.
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PART 2 BENEFITS Cont. Name of any other household member receiving SNAP, FEP or FDPIR not listed above. Case # for other household member (if any) and skip Part to part 4.

Name: _____ Case Number: _____

PART 3. TOTAL HOUSEHOLD GROSS INCOME—List all *other* household members including children not in daycare and their income if any and children in daycare receiving income. List both first and last name.

1. NAME OF ALL OTHER HOUSEHOLD MEMBERS Also list total number of people in household: _____ A household member is any child or adult living with you.	2. Check if NO income	How much total income and how often it is received Hourly, Weekly, Every 2 Weeks (bi-weekly), Twice a Month, Monthly, Annual							
		Earnings from work before deductions		Welfare, child support, alimony		Pensions, retirement, Social Security, SSI, VA benefits		All other income and source	
		Income	How often	Income	How often	Income	How often	Income	How often
	<input type="checkbox"/>	\$		\$		\$		\$	
	<input type="checkbox"/>	\$		\$		\$		\$	
	<input type="checkbox"/>	\$		\$		\$		\$	
	<input type="checkbox"/>	\$		\$		\$		\$	
	<input type="checkbox"/>	\$		\$		\$		\$	
	<input type="checkbox"/>	\$		\$		\$		\$	
	<input type="checkbox"/>	\$		\$		\$		\$	

PART 4. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN)

An adult household member must sign this application. If Part 3 is completed, the adult signing the form must also list the last four (4) digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. **(See Privacy Act Statement on the back of this page.)**

I certify (promise) that all information on this application is true and that all income is reported. I understand that the Center will get Federal funds based on the information I give. I understand that Program officials may verify (check) the information. I understand that if I purposely give false information I may be prosecuted.

Sign here: _____ Print name: _____ Date: _____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip code: _____

Last four digits of Social Security Number: ****-***-____ I do not have a Social Security Number

PART 5. CHILDREN'S ETHNIC AND RACIAL IDENTITIES (optional)

Choose one ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	Choose one or more (regardless of ethnicity): <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or other Pacific Islander
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DON'T FILL OUT THIS PART. THIS IS FOR OFFICIAL USE ONLY.

<input type="checkbox"/> TIER I <input type="checkbox"/> School <input type="checkbox"/> Census <input type="checkbox"/> Income/ Categorical <input type="checkbox"/> TIER II	Annual Income Conversion: Hourly x 2080, Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24 (use only if multiple pay periods reported) Total Income: _____ Per: <input type="checkbox"/> Week, <input type="checkbox"/> Every 2 Weeks, <input type="checkbox"/> Twice A Month, <input type="checkbox"/> Month, <input type="checkbox"/> Year Household size: _____ <input type="checkbox"/> DENIED: <input type="checkbox"/> Income over allowed amount <input type="checkbox"/> Provider was notified <input type="checkbox"/> Incomplete / missing information <input type="checkbox"/> APPROVED: Approving Official's Signature: _____ Date of approval: _____ Verifying Official's Signature (optional): _____ Date of approval: _____
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Dear Parent, Guardian or Provider:

INSTRUCTIONS FOR COMPLETING THE FORM

If your household gets benefits from Utah Supplemental Nutrition Assistance Program (SNAP), Family Employment Program (FEP), or Food Distribution Program on Indian Reservations (FDPIR), follow these instructions:

- Part 1:** List name, age, and birthday for all children in household enrolled in daycare.
- Part 2:** List the case number for any household member (including adults) receiving SNAP, FEP or FDPIR benefits. Skip part 3.
- Part 4:** Sign the form. The last four digits of the Social Security Number are not necessary.

If you are applying for one or more FOSTER CHILDREN or HEAD START children, follow these instructions:

- Part 1:** Include the foster child or Head Start child on the same application as your other household children. List the child’s name, age and birth date. Check the box if the child is a FOSTER or HEAD START child. If only foster children or Head Start children are listed, skip Part 3. If children other than foster children or Head Start children are listed, follow instructions for children receiving SNAP, FEP, or FDPIR above or all other households below.
- Part 4:** Sign the form. The last four digits of the Social Security Number are not necessary if **only** foster children or Head Start children are listed.

ALL OTHER HOUSEHOLDS, follow these instructions:

- Part 1:** List each child’s name, age, and birth date that are enrolled in daycare. If the child does not receive income, you *must* check the no income box.
If *some* children are foster children, check the box for each foster child.
- Part 3:** Follow these instructions to report total household income from *any* household members from last month.
- Column 1–Name:** List the first and last name of **each** person living in your household not already listed, related or not (such as grandparents, other relatives, or friends), including yourself. Include already listed children if they receive income. Attach another sheet of paper if you need to.
- Column 2–Check if no income:** If the person does not have any income, check the “no income” box.
- Column 3 –Gross income last month and how often it was received.** Next to each person’s name list each type of income received last month, and how often it was received. For *Earnings from work*, list the **gross income**, the amount earned before taxes and other deductions. The amount should be listed on your pay stub, or your employer can tell you. For **ONLY** the **self-employed**, under *Earnings from Work*, report income after expenses. This is for your business, farm, or rental property. For *other income*, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran’s benefits (VA benefits), and disability benefits. Under *All Other Income*, list Worker’s Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, FDPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency. If you are in the **Military Privatized Housing** Initiative or get combat pay, do not include these allowances as income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.
- Part 4:** An adult household member must sign the form and list the last four digits of his or her Social Security Number, or mark the box if he or she doesn’t have a Social Security Number.

PRIVACY ACT STATEMENT: This explains how we will use the information you give us.

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 your child 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 last four digits of 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), Utah Family Employment Program (FEP) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child 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 your child is eligible for free or reduced price meals, and for administration and enforcement of the federal meal programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.

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.

Your provider may qualify to receive a higher reimbursement for meal benefits if your household income falls at or below the limits on this chart. This will help your provider to continue to offer nutritious meals to your enrolled children.

This chart is for parent use only.

FEDERAL ELIGIBILITY INCOME CHART			
School Year 2015-2016			
Household size	Yearly	Monthly	Weekly
1	21,775	1,815	419
2	29,471	2,456	567
3	37,167	3,098	715
4	44,863	3,739	863
5	52,559	4,380	1,011
6	60,255	5,022	1,159
7	67,951	5,663	1,307
8	75,647	6,304	1,455
Each additional person:	7,696	642	148