

Child and Adult Care Food Program (CACFP)

Instructions for Income Eligibility Application for CACFP Family Day Care Home Provider's Own Children

Complete the *Income Eligibility Application for CACFP Day Care Home Provider's Own Children* for **each enrolled child** using the instructions below. Sign the application and return it to the sponsoring organization. For questions or assistance with completing the application, contact the person below.

CACFP Sponsor: _____

Phone and e-mail: : _____

Part 1 — Child's information

All providers must complete this part.

1. Print the family day care provider's name.
2. Print the name of the provider's own child, and indicate the child's age and birth date (month, day and year).
3. **Child's normal child care schedule:** Check () all days of the week the child will normally attend the day care home.
4. **Child's normal hours of care:** Indicate the times of day the child will normally attend the center, and circle AM (morning) or PM (afternoon).
5. **Normal meal services provided to child:** Check () the meals the child will normally be served while in care at the day care home.

Part 2A — Participants who are categorically eligible as free for CACFP benefits

*Complete this part only if your household receives Supplemental Nutrition Assistance Program (SNAP) (formerly known as Food Stamps) or Temporary Family Assistance (TFA) benefits, or your household includes a foster child. **Do not complete part 2B. Sign and date the application in part 3.***

1. List the current SNAP case number or the TFA case number for the child.
2. Check () the box if the child is a foster child who has been placed by a state or local agency.

Part 2B — All other households

Complete this part if you did not complete part 2B.

1. Write the names of everyone in your household including parents, grandparents, all children, other relatives and unrelated people who live in your household.
2. Write the **amount of income** (the amount before taxes or anything else is taken out) received **last** month for each household member and **where it came from**, such as earnings, welfare, pensions and other income. The table below provides examples of types of income to report. If any amount **last month** was more or less than usual, write that person's usual income.
3. The provider must sign and date this application in part 3, and provide the last four digits of their social security number.

Income to Report		
Earnings from work	Public assistance/alimony/ child support	Pensions/retirement/ all other income
<ul style="list-style-type: none"> • Salary, wages, cash bonuses • Net income from self-employment (farm or business) • Strike benefits If you are in the U.S. Military: • Basic pay and cash bonuses (<i>do not include combat pay, FSSA, or privatized housing allowances</i>) • Allowances for off-base housing, food, and clothing 	<ul style="list-style-type: none"> • Unemployment benefits • Worker's compensation • Supplemental Security Income (SSI) • Cash assistance from state or local government • Alimony payments • Child support payments • Veteran's benefits 	<ul style="list-style-type: none"> • Social Security (including railroad retirement and black lung benefits) • Private Pensions or disability • Income from trusts or estates • Annuities • Investment income • Earned interest • Rental income • <i>Regular</i> cash payments from outside household

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Part 3 — Contact information, signature, and social security number

All providers must complete this part.

1. The provider must **sign and date** this form.
2. If you complete part 2A and list a SNAP or TFA number, or the child is a foster child, you do **not** need to provide the last four digits of your social security number.
3. If you complete part 2B, you must include the **last four digits** of your social security number. If you do not have a social security number, check () the box next to the statement, "I do not have a SSN."

Part 4 — Racial/ethnic identity (optional)

Complete this part if you wish.

The CACFP facility is required to ask for information about your children's race and ethnicity. This information is important and helps ensure the CACFP facility is fully serving their community. Responding to this section is **optional** and does not affect your children's eligibility for CACFP meals.

1. Check one ethnicity, either "Hispanic Latino" or "Not Hispanic/Latino."
2. Check one or more races (Asian, White, Black or African American, American Indian or Alaska Native, and Native Hawaiian or other Pacific Islander).



For information on the CACFP, visit the Connecticut State Department of Education's (CSDE) [CACFP website](#) or contact the [CACFP staff](#) at the Connecticut State Department of Education, Bureau of Child Nutrition Programs, 450 Columbus Boulevard, Suite 504, Hartford, CT 06103-1841. This form is available at https://portal.ct.gov/-/media/SDE/Nutrition/CACFP/Forms/IncElig/Income_Eligibility_Application_CACFP_Provider_Instructions.pdf.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
2. fax: (833) 256-1665 or (202) 690-7442; or
3. email: program.intake@usda.gov

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