Instructions for the Child and Adult Care Food Program (CACFP) Income Eligibility Application for Adult Day Care Centers

Complete the CACFP Income Eligibility Application for Adult Day Care Centers for each enrolled participant using the instructions below. Sign the application and return it to the adult day care center. For questions or assistance with completing the application, contact the person below.

Name and title:_____

Phone and email:_____

Part 1 — Participant information *All households must complete this part.*

1. Print the name of the participant enrolled in the center and indicate the participant's age and birth date (month, day and year).

Part 2A — Participants 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), Supplemental Security Income (SSI), or Medicaid. **Do not complete part 2B. Sign and date the application in part 3.**

1. List the current SNAP case number, SSI identification number, or Medicaid identification number for the participant.

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. An adult household member 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

- 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 (*do **not** include combat pay, FSSA, or privatized housing allowances*)
- Allowances for off-base housing, food, and clothing

Public assistance/ alimony/child support

- Unemployment benefits
- Worker's compensation
- Supplemental Security Income (SSI)
- Cash assistance from state or local government
- Alimony payments
- Child support payments
- Veteran's benefits

Pensions/retirement/ all other income

- 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
- Regular cash payments from outside household

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Part 3 — Contact information, signature, and social security number *All households must complete this part.*

1. An adult household member must **sign and date** this form.
2. If you complete part 2A and list a SNAP, SSI, or Medicaid number, you do **not** need to provide the last four digits of the adult household member's social security number.
3. If you complete part 2B, the adult household member who signs the application must include the **last four digits** of their social security number. If this person does 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 participants' 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 participants' 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 CSDE's CACFP webpage 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 document is available at https://portal.ct.gov/-/media/sde/nutrition/cacfp/forms/incelig/ income_eligibility_application_instructions_cacfp_adults.pdf.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

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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