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| Part 1. All Household Members | | | | | | | |
| **Name of Enrolled Child(ren):** | | | | | | | |
| **Names of all household members** (First, Middle Initial, Last) | | | | Check if a foster child (the legal responsibility of a welfare agency or court)  \* If all children Listed below are foster children, skip to Part 5 to sign this form. | | | Check  if NO income |
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| Part 2. Benefits: If any member of your household received [State SNAP] or [State TANF cash assistance], provide the name and case number for the person who receives benefits. If no one receives these benefits, skip to part 4.  name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Case number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| **Part** 3. If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call [Your School, Homeless Liaison, Migrant Coordinator at Phone #] Homeless  Migrant  Runaway | | | | | | | |
| **Part** 4. Total Household Gross Income—You must tell us how much and how often | | | | | | | |
| **A. Name** (List **only** household members with income) | | **B. Gross income and how often it was received** | | | | | |
| 1. Earnings from work before deductions | 2. Welfare, child support, alimony | | 3. Pensions, retirement, Social Security, SSI, VA benefits | 4. All Other Income | |
| *(Example)  Jane Smith* | | $200/weekly\_\_\_\_\_ | $150/twice a month\_ | | $100/monthly\_\_\_\_\_ | $\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ | |
|  | | $\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ | | $\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_/\_\_\_\_\_\_\_ | |
|  | | $\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ | | $\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_/\_\_\_\_\_\_\_ | |
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| Part 5. Signature and Last Four Digits of Social Security Number (Adult must sign)  An adult household member must sign this form. **If Part 4 is completed, the adult signing the form must also list the last four 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 that all information on this form is true and that all income is reported. I understand that the center or day care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.*  Sign here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Last four digits of Social Security Number: \_\* \_\* \_\* - \_\* \_\* - \_\_ \_\_ \_\_ \_\_  I do not have a Social Security Number | | | | | | | |
| **Part 6. Participant’s ethnic and racial identities** | | | | | | | |
| Mark one ethnic identity: | Mark one or more racial identities: | | | | | | |
|  Hispanic or Latino   Not Hispanic or Latino | * Asian  American Indian or Alaska Native * White  Native Hawaiian or Other Pacific Islander * Black or African American | | | | | | |
| **Don’t fill out this part. This is for official use only.** | | | | | | | |
| Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12  Annual Income: \_\_\_\_\_\_\_\_\_\_\_\_ Household size: \_\_\_\_\_\_\_\_\_  Eligibility Determination: Free\_\_\_\_\_\_ Reduced Price\_\_\_\_\_\_ Above Scale\_\_\_\_\_\_  Determining Official’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Confirming Official’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |

**Income Guidelines for Reduced Priced Meals**

**Effective July 1, 2024 to June 30, 2025**

**The participant in the day care facility may qualify for free or reduced price meals if your household income falls below the limits on this chart.**

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| Household size | Yearly |
| 1 | $32,024 |
| 2 | $43,475 |
| 3 | $54,927 |
| 4 | $66,378 |
| 5 | $77,830 |
| 6 | $89,281 |
| 7 | $100,733 |
| 8 | $112,184 |
| Each additional person: | +$11,452 |

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| **Privacy Act Statement:** 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 the participant 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 Social Security Number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for the participant or other (FDPIR) identifier 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 the participant is eligible for free or reduced price meals, and for administration and enforcement of the Program. |
| **Non-discrimination Statement:** This explains what to do if you believe you have been treated unfairly.  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/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.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](http://mailto:program.intake@usda.gov/)   This institution is an equal opportunity provider. |

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| Follow these instructions, if your household gets SNAP, TANF.  Part 1: List all enrolled children and household members.  Part 2: List the case number for any household members (including adults) receiving [State SNAP] or [State  TANF].  Part 3: Skip this part.  Part 4: Skip this part.  Part 5: Sign the form. The last four digits of a Social Security Number are not necessary.  Part 6: Answer this question if you choose. |

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| If you are applying on behalf of a FOSTER CHILD, follow these instructions:  If all children you are applying for are foster children, or if you are only applying for benefits for the foster child:  Part 1: List all foster children. Check the box indicating that the child is a foster child.  Part 2: Skip this part.  Part 3: Skip this part.  Part 4: Skip this part.  Part 5: Sign the form. A Social Security Number is not necessary.  Part 6: Answer this question if you choose to.  If some of the children in the household are foster children.  Part 1: List all enrolled children and household members. For any people, including children, with no income, you must check the “No Income Box.” Check the box if the child is a foster child.  Part 2: If the household does not have a case number, skip this part.  Part 3: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call  [your school, homeless liaison, migrant coordinator]. If not, skip this part.  Part 4: Follow these instructions to report total household income form this month or last month.  Column A – Name: List only the first and last name of each person living in your household who share income and expenses, related or not (such as grandparents, other relatives, or friends who live with you) with income. Include yourself and all children living with you. Attach another sheet of paper if you need to.  Column B – Gross Income and How Often it was Received: For each household member, list each type of income received for the month. You must tell us how often the money is received – weekly, every other week, twice a month, or monthly.  Box 1: List the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your stub or your boss can tell you.  Box 2: List the amount each person got for the month from welfare, child support, alimony.  Box 3: List retirement, Social Security, Supplemental Security Income (SSI), Veteran’s (VA) benefits, disability benefits.  Box 4: List ALL OTHER INCOME SOURCES including Worker’s Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, and any other income. For ONLY the self-employed, report income after expenses in Box 1. Box 4 is for your business, farm or rental property. Do not include income from SNAP, WIC or Federal education benefits. If you are in the Military Housing Privatization Initiative or get combat pay, do not include this housing allowance as income.  Part 5: Adult household member must sign the form and list the last four digits of the Social Security Number or mark the box if s/he doesn’t have one.  Part 6: Answer this question if you choose. |
| ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:  Part 1: List all enrolled children and household members. For any people, including children, with no income, you must check the “No Income Box.”  Part 2: Skip this part.  Part 3: Skip this part.  Part 4: Follow these instructions to report total household income form this month or last month.  Column A – Name: List only the first and last name of each person living in your household who share income and expenses, related or not (such as grandparents, other relatives, or friends who live with you) with income. Include yourself and all children living with you. Attach another sheet of paper if you need to.  Column B – Gross Income and How Often it was Received: For each household member, list each type of income received for the month. You must tell us how often the money is received – weekly, every other week, twice a month, or monthly.  Box 1: List the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your stub or your boss can tell you.  Box 2: List the amount each person got from the month from welfare, child support, alimony.  Box 3: List retirement, Social Security, Supplemental Security Income (SSI), Veteran’s (VA) benefits, disability benefits.  Box 4: List ALL OTHER INCOME SOURCES including Worker’s Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, and any other income. For ONLY the self-employed, report income after expenses in Box 1. Box 4 is for your business, farm or rental property. Do not include income from SNAP, WIC or Federal education benefits. If you are in the Military Housing Privatization Initiative or get combat pay, do not include this housing allowance as income.  Part 5: Adult household member must sign the form and list the last four digits of the Social Security Number  or mark the box if s/he doesn’t have one.  Part 6: Answer this question if you choose. |
| Privacy Act Statement: This explains how we will use the information you give us. |
| Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. |