Household Income Eligibility Statement - FDCH																							
	art 1 – Households Receiving Food Assistance Program (FAP), Family Independence Program (FIP), or Food Distribution Program on Indian Reservations (FDPIR) If member of your household receives FAP, FIP, or FDPIR, provide the name and case number for the person who receives the benefits. Name:															PIR) If							
Name:									_Ca	se	Number:												
Part 2 – Household Informa		How Often? (x)						н	How Often? (x)					How Often? (x)									
First and Last Names of All Household Members, Related and Unrelated	Enrolled for Child Care (x)	Age	Birth Date	Foster Child (x)	Amount of Earnings from Work (before deductions)	A n n u a l l y	M o n t h I	o n t		W e e k l y	Amount of Welfare, Child Support, or Alimony		n t h I	o n t	B I W e k I	e k	Amount of All Other Income (Indicate source and amount)	A n n u a l	n t h l	X M o	I W e e k	k	Mark if No Income (x)
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Part 3 – All Households: Si I certify that all information on give. I understand that CACFF and I may be prosecuted.	this form i officials m	is true a ay veri	and that al fy the info	II income i	is reported. I unders I understand that if I	tan pu	d th	at tl sely	he o	cent ve fa	ter or day care healse information,	ome the p	will part	rec icipa	eive ant	e fec rece	leral funds based or eiving meals may lo	se tl	he r	mea	al be	nefi	its,
Signature:					Print Name:												Date:					-	_
Last four dig	its of Socia	l Secur	ity Numbe	r: XXX	<-XX						I do not h	ave	a S	ocia	al S	ecur	ity Number						
For Institution Use (Only:																						
Total Household Members:		Total	l Annualizo	ed Income	How to annuali income: Weekly: x 52						y: x 12 C	APPROVED CATEGORY Categorical Eligible: (Tier I): Foster FIP FAP FDPIR Other											
		\$			Bi-Weekly: x 32	6					•	Income Eligible: Tier I Tier II											

This form is valid for 12 months from the date of institution signature. Approval date and institution signature are required.

Return this completed form to: (Insert Sponsor's name, address & telephone number) Provider:

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 Food Assistance Program (FAP), Family Independence Program (FIP), 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

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 complaint of discrimination, complete the <u>USDA Program Discrimination Complaint Form</u>, (AD-3027) (http://www.ascr.usda.gov/complaint_filing_cust.html) online, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call 866-632-9992. Submit your completed form or letter 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; (2) fax: 202-690-7442; or (3) email: <u>program.intake@usda.gov</u>. This institution is an equal opportunity provider.

