

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

Household Income Eligibility Statement – Adult Day Services Only

***Part 1: Participant Information: Enter Name, Age and Birthdate of adult participant(s).**

Name:	Age:	Birthdate:
Name:	Age:	Birthdate:

****Part 2 – Households Receiving Medicaid, Supplemental Security Income (SSI), Food Assistance Program (FAP), or Food Distribution Program on Indian Reservations (FDPIR).** If any member of your household receives Medicaid, SSI, FAP, or FDPIR provide the name and valid case number for the person who receives the benefits. **Only one number is required.** If you complete this part, skip Part 3. Continue to Part 4.

Medicaid Number:	SSI Number:	FAP Number:	FDPIR Number:
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****Part 3 – Household Members Gross Monthly Income Information. Complete if Part 2 did not apply to you.**

First and Last Names of All Household Members, Related and Unrelated	Age	Birth Date	Foster Child (x)	Amount of Earnings from Work (before deductions)	How Often? (x)					Amount of Welfare, Child Support, or Alimony	How Often? (x)					Amount of All Other Income (Indicate source and amount)	How Often? (x)					Mark if No Income (x)				
					A	M	2	B	w		A	M	2	B	w		A	M	2	B	w					
					n	o	x	I	e	n	o	x	I	e	n	o	x	I	e		n	o	x	I	e	

***Part 4 – All Households - Signature and Last Four (4) Digits of Adult Social Security Number** (Adult household member MUST sign and date)

I certify that all information on this form is true and that all income is reported. I understand that federal funds are 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.

Adult Household Member or Applicant's Guardian Signature: _____

Print Name: _____ **Date:** _____

Last four digits of Social Security Number: **XXX-XX-** _ _ _ _ I do not have a Social Security Number (only required if not eligible in Part 2)

For Institution Use Only

Total Household Members:	Total Income: \$	<input type="checkbox"/> Annually <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> 2x Month	APPROVED CATEGORY Categorical Eligibility: Medicaid SSI FAP FDPIR Income Eligible: A (Free) B (Reduced) C (Paid)
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Institution Official Signature: _____ Approval Date: _____

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

* Required Information

** Either section 2 or 3 must be completed to qualify for Free or Reduced meal/snack reimbursements

Privacy Act Statement

Section 9 of the National School Lunch Act requires that, unless a SNAP or FDPIR case number or SSI or Medicaid assistance identification number is provided for the adult for whom benefits are sought, you must include a social security number on the application. This must be the social security number of the adult household member signing the application. If the adult household member signing the application does not possess a social security number, he/she must indicate so on the application. Provision of a social security number is not mandatory, but if a social security number is not provided or an indication is not made that the adult household member signing the application does not have one, the application cannot be approved. This notice must be brought to the attention of the household member whose social security number is disclosed. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a SNAP, Indian tribal organization, or welfare office to determine current certification for receipt of SNAP or FDPIR benefits, contacting the issuing office of SSI or Medicaid benefits to determine current certification for receipt of these benefits, contacting the state employment security office to determine the amount of benefits received, and checking the documentation produced by household members to provide the amount of income received. These efforts may result in loss or reduction of benefits, administrative claims, or legal action if incorrect information is reported.

USDA Nondiscrimination Statement 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: [USDA Program Discrimination Complaint Form](#), 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: mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; or fax: (833) 256-1665 or (202) 690-7442; or email: program.intake@usda.gov

This institution is an equal opportunity provider.

USDA Civil Rights Complaint Link:

<https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>