



Dear Parent or Guardian:

Our center participates on the U.S. Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP), which is administered at the state level by Bright from the Start: Georgia Department of Early Care and Learning. Please assist us in our participation in this program by completing and returning the enclosed statement as soon as possible. This information is necessary so that The Elaine Clark Center may receive reimbursement for meals served to your child(ren). This form will be placed in our files and treated as **confidential** information.

Instructions for completion of the form can be found on the back of the statement. If your household size/income is at or below the income limits on the attached document, the participant's meals are eligible for either free or reduced price reimbursement. In order for the center to receive reimbursement at the free or reduced price meal rate, the documentation in either Part 2A or 2B of the form is needed:

- 2A) FOOD STAMP/TANF/FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPIR) HOUSEHOLDS: If your household currently receives food stamps, TANF, or FDPIR benefits, your child's meals are automatically eligible for free reimbursement. Therefore, you only have to list the child's name and food stamp case number, TANF, or FDPIR identification number and sign the statement. The EBT card number is not an acceptable number. Please include the case number on your paperwork.
- 2B) HOUSEHOLD MEMBERS: List the name of the enrolled child(ren), and the child's parent(s) or guardian, and any other dependent children who live in the household.  
and  
CURRENT INCOME: List the amount of income each person earned last month (before deductions for taxes, social security, etc.), the frequency of income, and the source of income, such as wages, or retirement. If any household member's income last month was higher or lower than usual, list that person's usual average monthly income.

At a minimum please complete Part 1, Part 3A and 3B of the statement as the center is required to annually update the days and hours in which your child will be in care and the meals your child will receive.

- 3A) PARENTAL AGREEMENT: Indicate the hours and days of the week your child will normally be in the child care center. Circle the meals that the child will normally receive while in care.
- 3B) SIGNATURE: An adult household member must sign the income eligibility statement.  
SOCIAL SECURITY NUMBER: List the social security number of the adult who signs the income eligibility statement in order to qualify the child's meals for free or reduced meals. If the adult does not have a social security number, print "None".

If the enrolled child for whom the income eligibility statement is being completed is a foster child, the household income should not be included on the statement, nor the per diem paid to the foster family for care of the child. Section 2C should be completed and only the actual income to the foster child should be listed. More information is listed on the back of the Income Eligibility Statement under the section "Foster Child's Income."

Participants with family members who become unemployed are eligible for the free or reduced-price meals during the period of unemployment, provided that the loss of income causes the family income, during the period of unemployment, to be within the eligibility standards for those meals.

Staff from Bright from the Start may contact you to verify the information listed on the Income Eligibility Statement or the enrollment and attendance of your child at the center. This contact may occur in the form of a letter or via phone. Household contacts are required by the Federal regulations under various situations.

In the operation of USDA's food service programs, no one will be discriminated against because of race, color, national origin, sex, age, or disability. If you believe that you have been discriminated against, write immediately to: USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382.

Sincerely,  
The Elaine Clark Center

Peachtree Industrial Blvd ♦ Chamblee Georgia, 30341 phone(770)-458-3251 ♦ fax(770)458-7977

Revised 5/08

# CHILD - INCOME ELIGIBILITY STATEMENT

## Child and Adult Care Food Program

**PART 1**

Child's Name: \_\_\_\_\_  
*Last*
*First*
*M.I.*

**PART 2A – HOUSEHOLDS NOW GETTING FOOD STAMPS, TANF, OR FDPIR BENEFITS: Complete this part, Part 3A, and Part 3B. – DO NOT complete Part 2B.** List the Assistance Unit (AU) or Client ID number, not the EBT number.

Food stamp case number: \_\_\_\_\_ TANF identification number: \_\_\_\_\_  
 FDPIR identification number: \_\_\_\_\_ Head Start participant

**PART 2B – ALL OTHER HOUSEHOLDS: If you did not complete Part 2A, complete this part and Part 3A and 3B.**

NAMES	CURRENT GROSS INCOME/FREQUENCY			
	Names of All Household Members	Job income (Before Deductions)/ per week, month, etc.	Welfare, Child Support, Alimony / per week, month, etc.	Payments from Pensions Retirement, Social Security/ per week, month, etc.
1. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
2. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
3. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
4. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
5. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
6. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____

**PART 2C – FOSTER CHILD: Complete this part and Part 3. If this is a foster child, check here  and write the child's income and how often it is received here: \$ \_\_\_\_\_ per \_\_\_\_\_.**

**PART 3A – ENROLLMENT INFORMATION:** My child is normally in attendance at the facility between the hours of \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm on the following days: (Circle all that apply).  **Check here if only before/after school care provided.**

Sunday      Monday      Tuesday      Wednesday      Thursday      Friday      Saturday

My child will normally receive the following meals while in care (Circle all that apply):

Breakfast      AM Snack      Lunch      PM Snack      Supper      Evening Snack

**PART 3B - SIGNATURE:** The Richard B. Russell National School Lunch Act requires the information on this statement. You do not have to give us the information, but if you do not, we cannot approve your child for free or reduced price meals. Unless you include your case number for food stamps, TANF, or FDPIR or the form is being completed for a foster child in section 2C, you must include the social security number of the adult household member signing the statement or an indication that the household member signing the statement does not possess a social security number in order to qualify for free or reduced meals. Providing 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 statement does not have one, the statement cannot be approved for free or reduced meals. The information provided in this statement will be used to determine if your child is eligible for free and reduced price meals, and for the administration and enforcement of the program. We may share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs; auditors for program reviews; and law enforcement officials to help them look into violations of program rules and under certain conditions, we may also share your information with Medicaid or the State Children's Health Insurance Program (SCHIP), unless you tell us not to. The information, if disclosed to Medicaid or SCHIP, will be used to identify eligible children and seek to enroll them in Medicaid or SCHIP.

**PENALTIES FOR MISREPRESENTATION:** I certify that all of the above information is true and correct and that the food stamp, TANF, or FDPIR number is correct or that all income is reported. I understand that this information is being given for the receipt of Federal funds; that institution officials may verify the information on the statement; and that the deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

Signature of adult: \_\_\_\_\_ Social Security number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Printed name of adult: \_\_\_\_\_

\_\_\_\_\_ *Date signed*      \_\_\_\_\_ *Home telephone*      \_\_\_\_\_ *Work telephone*      \_\_\_\_\_ *Home address*      \_\_\_\_\_ *Zip code*

**PART 4 – RACIAL/ETHNIC IDENTITY: You are not required to provide this information.**

**Step 1: Mark only one of the following ethnic categories that best identifies the child listed in Part 1:**

HISPANIC OR LATINO       NOT HISPANIC OR LATINO

**Step 2: Mark one or more of the racial categories that**

WHITE       BLACK       ASIAN       NATIVE HAWAIIAN /PACIFIC ISLANDER       AMERICAN INDIAN/ALASKAN NATIVE

**For Institution Use Only:** Food stamp/TANF/FDPIR household categorically eligible for program benefits:  Yes  No

**MONTHLY INCOME CONVERSION: WEEKLY X 4.33; EVERY 2 WEEKS X 2.15; TWICE A MONTH X 2**

Total family income: \_\_\_\_\_ Family Size: \_\_\_\_\_

Eligibility classification: Free  Reduced  Paid

Signature of Determining official: \_\_\_\_\_ Date: \_\_\_\_\_

# INCOME ELIGIBILITY STATEMENT INSTRUCTIONS

Please complete the Income Eligibility Statement using the instructions below. The information is needed for the center where the child is enrolled to receive monetary reimbursement through the Child and Adult Care Food Program for nutritious meals served. While completion of the entire form is required for households wishing to qualify for free or reduced price meals, only Part 1, Part 3A, and Part 3B are required by all households.

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## PART 1 – PARTICIPANT’S INFORMATION: ALL HOUSEHOLDS COMPLETE THIS PART.

- (1) Print the name or names of your own child(ren) enrolled in the center.

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## PART 2A – HOUSEHOLDS GETTING FOOD STAMPS OR TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF), OR FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPIR) BENEFITS OR IF THE CHILD IS A HEAD START PARTICIPANT: COMPLETE THIS PART AND PART 3.

- (1) List your current food stamp, TANF or FDPIR Assistance Unit (AU) number or Client ID number (both numbers are typically nine-digit numbers, an **EBT number is not acceptable**; OR If the child is a Head Start participant, check box. Do not complete Part 2B.
- (2) An adult household member must complete Part 3A and sign the statement in Part 3B.

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## PART 2B – ALL OTHER HOUSEHOLDS: COMPLETE THIS PART AND PART 3.

- (1) Write the name of everyone in your household.
- (2) Write the amount of income (the amount before taxes or anything else is taken out), the frequency of income (i.e., weekly, every two weeks, twice a month, or monthly) received last month for each household member, and where it came from, such as earnings, welfare, pensions, and other income (refer to examples below for types of income to report). If any amount last month was more or less than usual, write that person’s usual income.
- (3) If the household has no (“zero”) income, the household must reaffirm the income level and date the income eligibility statement every 45 days if income is used to qualify the household for free or reduce price meal benefits.
- (4) An adult household member must sign the income eligibility statement and give his/her social security number in PART 3 in order to qualify for free or reduced meals.

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**PART 2C – FOSTER CHILD: COMPLETE THIS PART AND PART 3 FOR EACH FOSTER CHILD LIVING IN YOUR HOME AND ENROLLED IN THE HOME.** A foster child is considered a family of one. Each foster child should be listed on a separate form. List only income received by the foster child, not the foster parents income nor the per diem received for care of the child. A social security number in section 3B is **not** needed if the form is for a foster child.

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## PART 3A – ENROLLMENT INFORMATION: ALL HOUSEHOLDS COMPLETE THIS PART.

- (1) The adult household member must indicate the normal hours that the child will be in care at the center. If the child attends only before and after school, check the box beside this statement and write in the hours in attendance in the morning and the afternoon. Circle the days the child will normally be in attendance.
- (2) Circle the meals the child will receive during care at the center.

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## PART 3B – SIGNATURE: ALL HOUSEHOLDS COMPLETE THIS PART.

- (3) All income eligibility statements must have the signature of an adult household member.
- (4) The adult household member who signs the statement must include his/her social security number in order to qualify for free or reduced meals if section 2B is used to qualify. If he/she does not have a social security number, write “none” or something else to show that he/she does not have a social security number. If a valid food stamp, TANF, or FDPIR number is listed in Part 2A or if Part 2C for a foster child is completed, a social security number is not needed.

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**PART 4 – RACIAL/ETHNIC IDENTITY: PROVIDE THE RACIAL/ETHNIC IDENTITY IF YOU WISH. You are not required to provide this information to get meal benefits. However, this information will help ensure that everyone is treated fairly.**

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### INCOME TO REPORT

#### Earnings from EMPLOYMENT

Wages/salaries/tips  
Strike benefits  
Unemployment compensation  
Worker’s compensation  
Net income from self-owned business or farm

#### Pensions/Retirement/Social Security

Pensions  
Supplemental Security Income  
Retirement income  
Veteran’s payments  
Social security

#### Other Income

Disability benefits  
Cash withdrawn from savings  
Interest/Dividends  
Income from Estates/Trusts/Investments  
Regular contributions from persons not living in the household  
Net royalties/annuities/net rental income  
Any other income

#### Welfare/Child Support/Alimony

Public assistance payments  
Welfare payments  
Alimony/child support payments

#### Military Households

All cash income, including housing/uniform allowances EXCEPT the Family Subsistence Supplemental Allowance (FSSA) and housing allowances through the Military Housing Privatizing Initiative. Do not include “in-kind” benefits NOT paid in cash (base housing, clothing, food, medical care, etc.).

#### Foster Child’s Income

ONLY funds from welfare agency identified by category for personal use of child (clothing, school fees, etc.), funds from child’s family for personal use and earnings from other than occasional or part-time employment. DO NOT COUNT funds from welfare agency for shelter, care, etc.

The Child and Adult Care Food Program is an equal opportunity program. If you believe you or anyone has been discriminated against because of race, color, national origin, sex, age, or disability, write immediately to: USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382