

**HOUSEHOLD ELIGIBILITY APPLICATION FOR CHILD CARE CENTERS  
CHILD AND ADULT CARE FOOD PROGRAM**

<b>1. All Household Members</b>	<b>2.</b>	<b>3.</b>																			
NAMES OF ALL HOUSEHOLD MEMBERS First, Middle Initial, Last	Ages of Children at Center	FOSTER CHILD Foster children are a legal responsibility of DCFS or court. If all are foster children, skip to #6.	SNAP OR TANF CASE NUMBER Skip to Part 4 if you list a SNAP or TANF case number. At least one SNAP/TANF must be provided below.																		
		<input type="checkbox"/>																			
		<input type="checkbox"/>																			
		<input type="checkbox"/>																			
		<input type="checkbox"/>																			
		<input type="checkbox"/>																			
		<input type="checkbox"/>																			

**4. Homeless, Migrant, or Runaway**

Homeless     Migrant     Runaway

\_\_\_\_\_  
Signature of School Homeless Liaison or Migrant Coordinator

\_\_\_\_\_  
Date

**5. Total Household Gross Income (before deductions) You must tell us how much and how often.**

NAMES (LIST ALL HOUSEHOLD MEMBERS WITH INCOME)	GROSS INCOME AND HOW OFTEN IT WAS RECEIVED (Example: \$100/month; \$100 /twice a month; \$100/every other week; \$100/week)							
	Earnings From Work (Before Deductions)		Welfare, Child Support, Alimony		Pensions, Retirement, Social Security		Worker's Comp., Unemploy- ment, SSI, etc. (All other income)	
	Amount	How often?	Amount	How often?	Amount	How often?	Amount	How often?
i.	\$		\$		\$		\$	
ii.	\$		\$		\$		\$	
iii.	\$		\$		\$		\$	
iv.	\$		\$		\$		\$	
v.	\$		\$		\$		\$	

**6. Signature and Social Security Number (Adult must sign)**

An adult household member must sign the application. If Part 5 is completed or if zero income is listed, the adult signing the form must also list the last four digits his or her social security number or mark the *I do not have a social security number* box.

           -         -              
 Social Security Number

I do not have a social security number.

*I certify all information on this application is true and all income is reported. I understand the center will get federal funds based on the information I give. I understand the institution, Illinois State Board of Education, or Office of Inspector General, may verify this information on the application. Deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Adult Household Member

\_\_\_\_\_  
Signature of Adult Household Member

**7. Contact Information (Optional)**

\_\_\_\_\_  
Work Telephone Number (Include Area Code)

\_\_\_\_\_  
Home Telephone Number (Include Area Code)

\_\_\_\_\_  
Home Address (Number, Street, City, State, Zip Code)

**8. Optional – Sharing Information With All Kids Insurance Program**

May we share your information on this application with the *All Kids Insurance Program*, the complete health insurance program for every child in Illinois? If **yes**, do not sign below.

No, I do not want my information from this application shared with the *All Kids Insurance Program*.

Date: \_\_\_\_\_ Sign here: \_\_\_\_\_

**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 your child 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 or other FDPIR identifier for your child 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 your child is eligible for free or reduced-price meals, and for administration and enforcement of the Child and Adult Care Food 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.

**NON-DISCRIMINATION STATEMENT:** In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free 866/632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at 800/877-8339; or 800/845-6136 (Spanish). USDA is an equal opportunity provider and employer.

**CHILD CARE REPRESENTATIVE USE ONLY—ELIGIBILITY DETERMINATION - COMPLETE SECTIONS A and B BELOW**

Follow the Instructions for Institutions to Process Household Eligibility Applications available at [www.isbe.net/nutrition](http://www.isbe.net/nutrition).

**SECTION A**    Annual Income Conversion    Weekly X 52    Every 2 Weeks X 26    Twice a Month X 24    Once a Month X 12    *Convert income only if different frequencies of pay are reported.*

**TOTAL INCOME \$** \_\_\_\_\_ **Per:**     Week     Every 2 Weeks     Twice a Month     Month     Year    **NUMBER IN HOUSEHOLD:** \_\_\_\_\_

**Free based on:**                       **Reduced based on:**                       **Denied—Reason:**

foster child                       household's income                       income too high  
 SNAP or TANF                       migrant                                       incomplete application  
 homeless                               runaway                                       Non-qualifying SNAP/TANF  
 household's income

**SECTION B**    Signature of Representative \_\_\_\_\_    Effective Date \_\_\_\_\_