

**CHILD AND ADULT CARE FOOD PROGRAM – HOUSEHOLD ELIGIBILITY APPLICATION FOR DAY CARE HOME PROVIDER**

<p><b>1 LIST EVERYONE IN PROVIDER'S HOUSEHOLD</b> (Children and Adults)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">NAME (First, Middle and Last)</th> <th style="width:10%;">Check If No Income</th> <th style="width:10%;">Date of Birth</th> <th style="width:10%;">Ages of Providers Children</th> <th style="width:10%;">2 FOSTER CHILD</th> </tr> </thead> <tbody> <tr> <td> </td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;">/ /</td> <td> </td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> <tr> <td> </td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;">/ /</td> <td> </td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> <tr> <td> </td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;">/ /</td> <td> </td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> <tr> <td> </td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;">/ /</td> <td> </td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> <tr> <td> </td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;">/ /</td> <td> </td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> <tr> <td> </td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;">/ /</td> <td> </td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> <tr> <td> </td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;">/ /</td> <td> </td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> <tr> <td> </td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;">/ /</td> <td> </td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> </tbody> </table>	NAME (First, Middle and Last)	Check If No Income	Date of Birth	Ages of Providers Children	2 FOSTER CHILD		<input type="checkbox"/>	/ /		<input type="checkbox"/>		<input type="checkbox"/>	/ /		<input type="checkbox"/>		<input type="checkbox"/>	/ /		<input type="checkbox"/>		<input type="checkbox"/>	/ /		<input type="checkbox"/>		<input type="checkbox"/>	/ /		<input type="checkbox"/>		<input type="checkbox"/>	/ /		<input type="checkbox"/>		<input type="checkbox"/>	/ /		<input type="checkbox"/>		<input type="checkbox"/>	/ /		<input type="checkbox"/>	<p><b>3 SNAP or TANF CASE NUMBER</b> <b>Skip if foster child.</b> Provide one SNAP or TANF case number for any child or adult in your household. Do NOT use LINK card number. If completed, skip to Number 6. Do not list foster child.</p> <p><b>Name of Child or Adult:</b> _____</p> <p><b>Case Number:</b> _____</p>
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<p><b>4 OPTIONAL—SHARING INFORMATION WITH ALL KIDS INSURANCE PROGRAM</b> May we share your information on this application with <i>All Kids Insurance Program</i>, 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 <i>All Kids Insurance Program</i>. Sign here: _____</p>																																														

**5 HOUSEHOLD MEMBERS WITH INCOME**—List only the names of individuals living in the household, their gross income, and how often it is received. If a person has a second job, list that income in the last column. After completing, go to Number 6.

NAMES (List only individuals with income)	Earnings from Work (Gross before Deductions)		Income from Welfare, Child Support, Alimony		Income from Retirement, Pensions, SSI, Social Security		Income Received From Savings, Investments, Trust Accounts, and Other Resources	
	How Much?	How Often?	How Much?	How Often?	How Much?	How Often?	How Much?	How Often?
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**6 Must check only one box.**  
 I am a provider applying to claim my own children and qualify for Tier I status.       I am a provider with no children applying for Tier I status.  
 I am a Tier I provider based on school or census data applying to claim my own children.

**7 Signature and Social Security Number (Adult must sign)**  
 An adult household member must sign the application. If Number 5 above is completed the adult signing the form must also list the last four digits of his or her social security number or mark the box  I do not have a social security number.  
 \_\_\_\_\_ X X X - X X - \_\_\_\_\_ Social Security Number

*I certify all information on this application is true and all income is reported. I understand the amount of federal funds received will be 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 \_\_\_\_\_ Address of Adult Household Member \_\_\_\_\_

**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.

<p><b>SPONSOR REPRESENTATIVE USE ONLY—ELIGIBILITY DETERMINATION</b> — Follow the instructions provided in the Household Income instructions.</p>			
<p>Mark one of the boxes below to show how you are going to determine eligibility.</p>			
<p><input type="checkbox"/> <b>SNAP/TANF Household</b></p>	<p><input type="checkbox"/> <b>Income Household</b> Use the conversion table to convert income to total annual income. Total the number of household members from Section 5.</p> <p>Total Household Annual Income \$ _____</p> <p>Total Household Size _____</p>	<p><input type="checkbox"/> Approved to Claim Foster Child's meals at Tier I Rate</p> <p><input type="checkbox"/> Approved Tier I Status/ Claim Providers Own Children (if applicable)</p> <p><input type="checkbox"/> Denied</p>	<p><b>Effective Date of Application</b> _____</p> <p style="text-align:right;"><b>Signature of Representative</b> _____</p>
<p><b>CONVERSION TABLE</b></p> <p>To convert all income to annual income use the following conversion calculations:</p> <p>Weekly Income x 52</p> <p>Every 2 Weeks x 26</p> <p>Twice a Month x 24</p> <p>Monthly x 12</p>		<p><b>TEMPORARY APPLICATION – Review Application in 45 Days</b></p> <p><input type="checkbox"/> Approved Tier I Status/ Claim Providers Own Children (if applicable) Until _____ (Date)</p>	