



VIRGINIA CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM FOR CHILD CARE CENTERS and FAMILY DAY HOMES

1 All Household Members 2 3

Table with columns for household member names, income status, ages, foster child status, and SNAP/TANF/FDPIR case numbers.

4 Homeless, Migrant, or Runaway. Includes checkboxes for Homeless, Migrant, Runaway and a note about contacting the School Homeless Liaison.

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

Table for reporting gross income from various sources: Earnings From Work, Welfare/Child Support/Alimony, Pensions/Retirement/Social Security, and Worker's Comp/Unemployment/SSI.

6 Signature and Social Security Number (Adult must sign). Includes a field for Social Security Number and a checkbox for 'I do not have a social security number.'

I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will get Federal funds based on the information I give.

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 Virginia's Health Insurance Program for Children (FAMIS)

May we share your information on this application with the FAMIS, the complete health insurance program for every child in Virginia? If yes, do not sign below.

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.

NON-DISCRIMINATION STATEMENT: The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program or activity conducted or funded by the Department.

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

SECTION A Annual Income Conversion: Weekly X 52 Every 2 Weeks X 26 Twice a Month X 24 Once a Month X 12. Includes fields for Total Income, Per (Week, Every 2 Weeks, Twice a Month, Month, Year), and DENIED reason.

SECTION B Signature of Determining Official: Date: