

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

1 All Household Members			2	3
NAMES OF ALL HOUSEHOLD MEMBERS [Adults and Children]			FOSTER CHILD	SNAP, TANF or FDPIR CASE #
First, Middle Initial, Last	Check if NO income	Ages of children in care	Skip to Part 6 if all are foster children.	Skip to Part 6 if you list a SNAP, TANF or FDPIR case number.
SNAP AND TANF MUST BE NINE (9) DIGITS				
1	<input type="checkbox"/>		<input type="checkbox"/>	
2	<input type="checkbox"/>		<input type="checkbox"/>	
3	<input type="checkbox"/>		<input type="checkbox"/>	
4	<input type="checkbox"/>		<input type="checkbox"/>	
5	<input type="checkbox"/>		<input type="checkbox"/>	
6	<input type="checkbox"/>		<input type="checkbox"/>	

4 Homeless, Migrant, or Runaway

Homeless
 Migrant
 Runaway
 If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call your School Homeless Liaison or Migrant Coordinator.

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 IS RECEIVED (Example: \$100/month, \$100/twice a month, \$100/every other week, \$100/week)							
	Earnings From Work		Welfare, Child Support, Alimony		Pensions, Retirement, Social Security		Worker's Comp, Unemployment, SSI, etc.	
	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 of his or her social security number or mark the *I do not have a social security number* box.

X X X - X X - _____
 Social Security Number

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. 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.

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.

No, I do not want my information from this application shared with the FAMIS.
 Date: _____
 Sign here: _____

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 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: _____

<input type="checkbox"/> FREE based on:	<input type="checkbox"/> REDUCED based on:	<input type="checkbox"/> DENIED reason:
<input type="checkbox"/> foster child <input type="checkbox"/> migrant <input type="checkbox"/> SNAP, TANF, FDPIR	<input type="checkbox"/> household income	<input type="checkbox"/> income too high <input type="checkbox"/> incomplete application
<input type="checkbox"/> homeless <input type="checkbox"/> runaway <input type="checkbox"/> household income		<input type="checkbox"/> non-qualifying SNAP/TANF

SECTION B Signature of Determining Official: _____ Date: _____

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- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights 1400
Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

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