

FREE/REDUCED-PRICE APPLICATIONS (CACFP-CCC)

INCOME ELIGIBILITY FORMS INSTRUCTIONS

Keep instructions with your IEFs.

Each child claimed for free or reduced-price reimbursement must have a valid application, a direct certification document received from the family, or a school district letter notifying the family of free or reduced-price status. A valid application is a complete application and is either **categorically eligible** or **income eligible**. Use **income eligibility guidelines** to determine income eligibility. If the IEF is expired, incomplete, over-income, or missing, all meals are to be claimed at the paid rate regardless if categorically or income eligible.

CATEGORICALLY ELIGIBLE	INCOME ELIGIBLE
<p>Enrolled children are eligible for free meal benefits when a member of the household receives Family Employment Program (FEP) FEP, Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamps), or participates in the Food Distribution on Indian Reservations (FDPIR).</p> <p>A complete application must contain:</p> <ol style="list-style-type: none">1. Names of all enrolled children;2. The case number from at least one member of the family who receives FEP, FDPIR, or SNAP;3. Signature of adult household member.	<p>Eligibility is determined by income. A complete application must contain:</p> <ol style="list-style-type: none">1. Names of all household members, including enrolled children;2. Current income (income received month prior to month applying) received by each household member (including children) or indication there is no income;3. Source of income is identified by the person who received it;4. The last four digits of the Social Security number of adult who signs application is listed or the box is checked that indicates the person does not have a social security number;5. Signature of adult household member.
<p style="text-align: center;">OTHER SOURCE CATEGORICALLY ELIGIBLE Foster Child or Head Start/Even Start/Early Head Start Child/Homeless/Migrant/Runaway</p> <p>Foster/Head Start children: Foster children are those whose care and placement is the responsibility of the State, or who is formally placed by a court with a caretaker household through which the State retains legal custody of the child. Head Start, including Early and Even Head Start, children are enrolled in Head Start at the time of application.</p> <p>Include foster and Head Start children on the family Income Eligibility Application. If the only children listed are foster children or Head Start children, the children are categorically eligible. Presence of a foster child or Head Start child does not make any other children categorically eligible. Other children in the family will need to qualify either categorically or by income. If by income, foster and Head Start Children, are included in the total family numbers.</p> <p>Migrant/Homeless/Runaway children: Migrant, homeless, runaway children can be identified by a school's homeless liaison. Additional ways to identify these children include the following. Homeless children can also be identified by an official of a homeless shelter. Migrant children can be identified by the State or local Migrant Education Program coordinator or homeless liaison. Runaway children can be identified by a local education liaison as receiving assistance under the Runaway and Homeless Youth Act. A letter or other document is required for these children. These children may have their own application, or if living temporarily with another family, may be included on the family's application. See foster/Head Start children instructions.</p>	

A complete application must contain:

- Names of children for whom application is made,
- Indication of child's eligibility status and,
- Signature of adult household member.

LENGTH OF ELIGIBILITY

IEFs are good to the beginning of the month in which they were approved (if using the center approval date) or the beginning of month in which the parent signed and dated it (if using the parent date) and expires at the end of the determination month one year later.

THE INSITUION OFFICIAL MUST DO THE FOLLOWING TO FINALIZE APPROVAL:

- Complete area of form titled "For Official Use Only."
- For Income Eligible applications: Total income, determine and mark benefit category using the Income Eligibility Guidelines or Income Eligibility Calculator. If income is reported as different pay periods, convert to annual income using the instructions provided in the Official Use Only box. If income is all reported as the same pay period, regardless of the reported pay period, it does **not** need to be converted to either annual or monthly income.
- For Categorically Eligible applications: If participant family receives SNAP, FEP, FDPPIR, mark categorically eligible. If individual children are foster, Head Start, homeless, migrant, runaway, follow the direction above, and approve the individual children as categorically eligible.
- The authorized person at the center must sign and date the form indicating approval.

Parents, please reference the photos below for areas on the application that are required to be filled out.

Utah CACFP Enrollment Form/ Free and Reduced-Price Income Application
 Complete one application per household. In order to count as enrollment record, Steps 1 & 4 must be completed. Enrollment Date: _____

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

Child's Last Name, First Name	Date of Birth	Normal Days and Hours in Care (include ALL hours the child might be in care)		Meal		Foster		Homeless			
		Arrival Time	Leave Time	M	T	W	T	F	SS	Child	Parent

STEP 2 Do any Household Members (including you) currently participate in one or more of the following eligible assistance programs: If NO > Go to STEP 3

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

A. Child Income
 Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

B. All Adult Household Members (including yourself)
 List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do not receive income, report total gross income (before the taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write "0". If you enter "0" or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Member (First and Last)	Earnings from Work		Public Assistance/ Child Support/Alimony		Pensions/Retirement	
	Weekly (to Month)	2x Month	Weekly (to Month)	2x Month	Weekly (to Month)	2x Month

STEP 4 Contact information and adult signature

Street Address (if available) _____ Apt # _____ City _____ State _____ Zip _____ Daytime Phone and Email (optional) _____

Printed name of adult signing the form _____ Signature of adult _____ Today's date _____

INSTRUCTIONS Sources of Income

Sources of Child Income	Sources of Income for Children	Sources of Income for Adults
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages	- Salary, wages, cash bonuses
- Social Security	- A child is blind or disabled and receives Social Security benefits	- Unemployment benefits
- Income from person outside the household	- A Parent is disabled, retired, or deceased, and their child receives Social Security benefits	- Net income from self-employment (farm or business)
- Income from any other source	- A friend or extended family member regularly gives a child spending money	- Cash assistance from State or local government

OPTIONAL Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino

Race (check one or more): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

Do not fill out For Official Use Only

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

Total Income _____ Household size _____ Eligibility: Free Reduced Not Eligible

Determining Official's Signature _____ Date _____ Categorical Eligibility Error Prone (Schools Only)

Confirming Official's Signature _____ Date _____ Verifying Official's Signature _____ Date _____