



INCOME ELIGIBILITY FORM
July 1, 2011 through June 30, 2012
For Parents with Children in Child Care Centers – Confidential Information

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Name of Center _____

Section 1. Enrolled child's name and age: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">LAST NAME</td> <td style="width: 33%; text-align: center;">FIRST NAME</td> <td style="width: 33%; text-align: center;">AGE</td> </tr> <tr> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> <tr> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> </table>	LAST NAME	FIRST NAME	AGE							Section 2. Benefit Information – Circle if you receive: SNAP (Food Stamps) Cash Assistance – TANF FDPIR REQUIRED: List your 6-digit case number: _____
LAST NAME	FIRST NAME	AGE								

Section 3. Foster Child
 A foster child is considered a household of one and must have their personal income (if any) declared. The monthly stipend paid for the child's care is **not** the personal income of the foster child.
 Name of Foster Child _____ Child's Personal Income _____

Section 4. Income Eligibility
 Please list **ALL** members of your household and their incomes. List **ALL** income received last month on the same line with the person who received it. You must list gross income **BEFORE** deductions for taxes, social security, etc. List each amount in the correct column.

A List all Household Members' First and Last Names	B Age of Enrolled Child	C Monthly Earnings from Work (Before Deductions)	D Monthly Child Support, Alimony, or Public Assistance	E Monthly Payments From Pensions, Retirement, or Social Security	F Other Income From IRS 1040 Income Statement

Total Number in Household _____ Total Household Income _____ **by month**

Section 5. Please check the racial or ethnic identity of your child(ren). This is not mandatory.
 Caucasian, not Hispanic Hispanic African American, not Hispanic Asian or Pacific Islander Native American or Alaskan Native

Section 6. Income Eligibility Disclosure Notification
 I **DO** consent to disclosure of income information for enrollment of my child[ren] in a health insurance program; **OR**
 I do **NOT** consent to disclosure of income information for enrollment of my child[ren] in a health insurance program.

I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of federal funds; that officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

7. SIGN HERE

Signature of Responsible Adult	Last 4 digits of Social Security Number	Date

Social Security Number: Federal Law (PL 111-296) requires you to list the last 4 digits of your Social Security Number as the parent or guardian who signs this form, before the adult may be eligible for free or reduced priced meals. If you do not have a Social Security Number, write 'none.' A Social Security Number is not needed if you listed a Food Stamp, TANF, or FDPIR case number or you are applying for a foster child. You do not have to give your Social Security Number, but failure to provide the number will result in denial of this application for free or reduced priced meals. The Social Security Number may be used to identify you for verifying the information you report on this application. If incorrect information is discovered, a loss of benefits or legal action may occur.

The information you have provided is confidential.

Section 8. I May Decline to Provide Information
I choose not to provide information about my household size and income.

Signature of Parent	Date

CENTER USE ONLY

Total Household Income _____ **by month** Total Number in Household _____
 (Monthly Income Conversion: Every 2 weeks: Multiply by 2.15. Twice a month: Multiply by 2. Weekly: Multiply by 4.33.)

Free Reduced Paid

Center Official Signature _____ Date _____