Montana CACFP

INCOME ELIGIBILITY FORM

July 1, 2007 through June 30, 2008

For Parents with Children in Child Care Centers – Confidential Information

08

Name of Center _____

1. Enrolled child's name and age:

LAST NAME	FIRST NAME	AGE

2. Benefit Information – Circle if you are receiving:

Food Stamps **Cash Assistance – TANF** **FDPIR**

REQUIRED: List your 6-digit case number:

_____

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 _____

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**

5. Please check the racial or ethnic identity of your child(ren). This is not mandatory.

☐White, not Hispanic ☐Hispanic ☐Black, not Hispanic ☐Asian or Pacific Islander ☐Native American or Alaskan Native

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.

6. SIGN HERE _____ _____ _____

Signature of Parent **Social Security Number** **Date**

Social Security Number: Federal Law (PL 97-35) requires you to list your Social Security Number as the parent or guardian who signs this form, before your child may be eligible for free or reduced priced meals. 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.

7. 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