

# Child and Adult Care Food Program (CACFP) Income Eligibility Form (IEF) 2011 - 2012

**Part 1 - Children Enrolled in Child Care:** List the names and ages of children enrolled. Indicate each child's race and ethnicity. If this information is left blank, a center representative will complete it according to visual identification. This information is strictly for statistical reporting requirements and does not affect eligibility. **Note:** A=Asian; AI/AN=American Indian or Alaskan Native; B/AA=Black or African American; H/PI=Native Hawaiian or other Pacific Islander; W=White.

Last Name	First Name	Age	Ethnicity (select one) and Race (select one or more)
			Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino Race: <input type="checkbox"/> A <input type="checkbox"/> AI/AN <input type="checkbox"/> B/AA <input type="checkbox"/> H/PI <input type="checkbox"/> W
			Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino Race: <input type="checkbox"/> A <input type="checkbox"/> AI/AN <input type="checkbox"/> B/AA <input type="checkbox"/> H/PI <input type="checkbox"/> W
			Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino Race: <input type="checkbox"/> A <input type="checkbox"/> AI/AN <input type="checkbox"/> B/AA <input type="checkbox"/> H/PI <input type="checkbox"/> W

One or more of the children listed above is a foster child who is the responsibility of the State or was placed by the court.

**Part 2 - Assistance Programs:** Does anyone in your household receive benefits from any program listed below? If not, **GO TO PART 3.** If yes, please mark which assistance program (only one is required), write the case number, and **SKIP TO PART 5.**

- Supplemental Nutrition Assistance Program (SNAP), previously known as Food Stamps** Case Number: \_\_\_\_\_
- Temporary Assistance for Needy Families (TANF)** Case Number: \_\_\_\_\_
- Food Distribution Program on Indian Reservations (FDPIR)** Case Number: \_\_\_\_\_

(Quest Card or Social Security Numbers are not acceptable)

**Part 3 - Incomes to Report:** List the names of all household members not listed in Part 1. Write the amount of last month's income for each household member who has income. Indicate if income is weekly (W), monthly (M), or annually (A).

Gross Income/Salary/Wages	
<ul style="list-style-type: none"> <li>Gross income or cash income before deductions.</li> <li>Monetary compensation for services, including wages, salary, commissions, fees, or withdrawals from savings, investments, trust accounts, and other accounts.</li> <li>Net income from farm self-employment and/or non-farm self-employment. If income is negative list "0".</li> <li><b>If income is 0, list "0" and complete a new form within 45 days and every 45 days thereafter until income is listed.</b></li> </ul>	<p style="text-align: center;"><b>Other Income</b></p> <ul style="list-style-type: none"> <li>Social Security, public assistance (or Welfare) payments, alimony, child support payments, and unemployment compensation.</li> <li>Private pensions or annuities, dividends or interest, income from estates or trusts, net rental income, and net royalties.</li> <li>Student financial assistance (grants or scholarships) <u>not</u> used to meet education expenses.</li> <li>Regular contributions from persons not living in the household.</li> </ul>

Last Name	First Name	Gross Income/ Salary/Wages	Other Income	TOTALS Center Use Only
		\$ W M A	\$ W M A	\$ W M A
		\$ W M A	\$ W M A	\$ W M A
		\$ W M A	\$ W M A	\$ W M A
		\$ W M A	\$ W M A	\$ W M A

**Total Number in Household** \_\_\_\_\_ **Note:** If necessary, convert multiple income schedules to annual income. Multiply weekly income by 52, bi-weekly by 26, monthly by 12.

**Total Income:** \$ \_\_\_\_\_

**Part 4 - Social Security Number:** If the adult household member completing this form does not provide a TANF, SNAP, or FDPIR number in Part 2, the person completing this form must provide the last four digits of his/her Social Security Number (SSN).

X	X	X	-	X	X	-				
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If the Adult Household Member signing this form does not have a Social Security Number, check this box.

**Part 5 - Signature:** I certify that all of the information on this form is true and correct and is given in connection with the receipt of Federal Funds. Center officials may verify information. Deliberate misrepresentation may subject me to prosecution under applicable State and Federal criminal statutes. Note: If the child is a foster child, an official of a court or other agency with responsibility for the child may sign this form.

Signature of Adult Household Member	Street Address
Printed Name	City State Zip Code
	Home Telephone Work Telephone

FOR CENTER STAFF USE ONLY	
<b>Income Category (check one):</b> <input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Paid (Ineligible for Free or Reduced Priced meals)	
<b>This form expires 12 months after the month in which it is received and approved by the institution.</b> <small>Example: If the determination date is July 2011, the form is valid from July 1, 2011 through July 31, 2012.</small>	
Signature of Center's Eligibility Official	<b>Determination Date:</b> <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px; vertical-align: middle;"></span> / <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px; vertical-align: middle;"></span> <small style="display: block; text-align: center;">Month Year</small>

2011-2012  
Child and Adult Care Food Program



Dear Parent or Guardian,

**Congratulations!** You have chosen a childcare provider that participates in the Child and Adult Care Food Program (CACFP). Participating in the CACFP means that the provider cares about good nutrition for children, will introduce and serve a variety of nutritious foods for your child to eat, and will serve foods appropriate for your child's nutritional needs. The provider you have chosen cannot charge a separate fee for meals, nor ask you to provide food for your child for meals claimed for reimbursement from the CACFP, except in some special cases. Depending upon the hours in care, your provider will be serving your child breakfast, morning snack, lunch, afternoon snack, supper, and/or late snack.

Please complete, sign, and return this **Income Eligibility Form (IEF)** to the center as soon as possible. This information is required for the center to receive CACFP reimbursement for the meals served to your child. The Colorado Department of Public Health and Environment assures that **this form is confidential** and the information you provide will not be used elsewhere.

If no person in your household receives benefits from Temporary Assistance For Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), also known as Food Stamps, or the Food Distribution Program on Indian Reservations (FDPIR), please list your household's total gross income from the current month, the amount projected for the first month the application is made for, or the month prior to the application. The U.S. Department of Agriculture, which funds this program, defines a household as a group of related or unrelated individuals who are living as one economic unit and who share housing and all significant income and expenses.

If no person in your household receives benefits from Temporary Assistance For Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), or the Food Distribution Program on Indian Reservations (FDPIR), you must provide the last four digits of your Social Security Number according to regulations. The disclosure of the Social Security Number is voluntary; however, the last four digits of the Social Security Number, or an indication of "none," is required for the approval of this form.

If any person in your household receives benefits from the Temporary Assistance For Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), or the Food Distribution Program on Indian Reservations (FDPIR), income reporting in Part 3 and the disclosure of the last four digits of the Social Security Number (SSN) in Part 4 are not required.

### Household Income Chart

If your household's income is less than or the same as the amounts indicated for your household's size on the chart below, the center will receive more meal reimbursement from the Child and Adult Care Food Program (CACFP) to help provide the best meals possible for the children in care.

Household Size	1	2	3	4	5	6	7	8	For each additional person add:
<b>Yearly</b>	<b>\$20,147</b>	<b>\$27,214</b>	<b>\$34,281</b>	<b>\$41,348</b>	<b>\$48,415</b>	<b>\$55,482</b>	<b>\$62,549</b>	<b>\$69,616</b>	<b>\$7,067</b>
<b>Monthly</b>	<b>\$1,679</b>	<b>\$2,268</b>	<b>\$2,857</b>	<b>\$3,446</b>	<b>\$4,035</b>	<b>\$4,624</b>	<b>\$5,213</b>	<b>\$5,802</b>	<b>\$589</b>
<b>Weekly</b>	<b>\$388</b>	<b>\$524</b>	<b>\$660</b>	<b>\$796</b>	<b>\$932</b>	<b>\$1,067</b>	<b>\$1,203</b>	<b>\$1,339</b>	<b>\$136</b>

This chart is not to be used for determining eligibility by center staff, but is a guide for families completing the form.

CACFP REQUIRED MEAL ITEMS				
MEALS	COMPONENTS	AGE 1-2	AGE 3-5	AGE 6-12
Breakfast	Fluid Milk	½ cup	¾ cup	1 cup
	Juice or Fruit or Vegetable	¼ cup	½ cup	½ cup
	Bread or Bread Alternate	½ slice	½ slice	1 slice
Snack	Fluid Milk	½ cup	½ cup	1 cup
	Juice or Fruit or Vegetable	½ cup	½ cup	¾ cup
	Meat or Meat Alternate	½ ounce	½ ounce	1 ounce
	Bread or Bread Alternate	½ slice	½ slice	1 slice
Lunch Supper	Fluid Milk	½ cup	¾ cup	1 cup
	Fruit or Vegetable or Juice (Must serve at least 2 different varieties)	¼ cup total	½ cup total	¾ cup total
	Bread or Bread Alternate	½ slice	½ slice	1 slice
	Meat or Poultry or Fish	1 ounce	1½ ounces	2 ounces
	Cheese or	1 ounce	1½ ounces	2 ounces
	Egg or	½	¾	1
	Cooked Dry Beans and Peas or Peanut Butter or	¼ cup 2 Tbsp	¾ cup 3 Tbsp	½ cup 4 Tbsp
	Yogurt, Plain or Flavored (May also be served at snack)	4 ounces or ½ cup	6 ounces or ¾ cup	8 ounces or 1 cup

SAMPLE MENU	
<b>BREAKFAST</b>	<ul style="list-style-type: none"> <li>◆ Oatmeal</li> <li>◆ Baked Apples &amp; Raisins</li> <li>◆ Milk</li> </ul>
<b>SNACK</b>	<ul style="list-style-type: none"> <li>◆ Hard Cooked Egg</li> <li>◆ Carrot Sticks</li> </ul>
<b>LUNCH/SUPPER</b>	<ul style="list-style-type: none"> <li>◆ Turkey and Cheese Tortilla Roll ups</li> <li>◆ Orange Slices</li> <li>◆ Sliced Tomatoes</li> <li>◆ Milk</li> </ul>

If you have questions about the CACFP, contact your childcare provider's CACFP Sponsor.

Name of CACFP Sponsor: \_\_\_\_\_

Phone Number: \_\_\_\_\_

If the center is not a sponsored facility, contact:  
Child and Adult Care Food Program  
Colorado Department of Public Health and Environment  
(303) 692-2330.

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