

# Income Eligibility Form for Adult Day Care Centers

See INSTRUCTIONS on reverse.

Center Name \_\_\_\_\_

Name of Adult in Care \_\_\_\_\_

**Part 1. Complete this part if anyone in your household receives SNAP, TANF, FDPIR or if you receive SSI or Medicaid benefits. Then skip to Part 3.**

SNAP Case Number \_\_\_\_\_ SSI Case Number \_\_\_\_\_

TANF Number \_\_\_\_\_ Medicaid Case Number \_\_\_\_\_

FDPIR Number \_\_\_\_\_

**Part 2a. Complete this part only if you did not complete Part 1. List yourself, your spouse and any dependents that live in your household. Then list all income received last month in your household.**

Name of Household Members	Gross Earnings (before deductions)		Monthly Welfare, Child Support, Alimony	Monthly Income from Pension, Retirement, Social Security	Any Other Monthly Income
	Job #1	Job #2			
1 _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
2 _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
3 _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
4 _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
5 _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

**Part 2b. If Part 2a is completed, this form must provide the name and last four digits of the Social Security Number of the adult who signs Part 3. If the adult does not have a Social Security Number, print NONE in the space provided.**

Name \_\_\_\_\_ Social Security # (last 4 digits) \_\_\_\_\_

**Part 3. After reading the following statement and the statement on the back, sign below.**

I certify that the above information is true and correct and that all income is reported. I understand that the center will get Federal funds based on the information I give.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR SPONSOR USE ONLY**

CACFP Agreement #	Total Household Members	Total Income \$	Free	Reduced	Paid
Signature of Center Staff			Date Determined		

This institution is an equal opportunity provider.

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**Privacy Act Statement:** The Richard B. Russell National School Lunch Act requires the information on this form. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced-price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the form. The Social Security Number is not required when you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), Food Distribution Program on Indian Reservations (FDPIR), Supplemental Security Income (SSI) or Medicaid case number for the participant or when you indicate that the adult household member signing the form does not have a Social Security Number. We will use your information to determine if the center is eligible for free or reduced-price meal reimbursement and for administration and enforcement of the Program.

## Instructions For Completing DOH-3834

### Definition of Income

*Income* means income before deductions for income taxes, Social Security taxes, insurance premiums, charitable contributions, and bonds, etc. It includes the following: (1) monetary compensation for services, including wages, salary, commissions, or fees; (2) net income from non-farm self-employment; (3) net income from farm self-employment; (4) Social Security payments; (5) dividends or interest on savings or bonds, income from estates or trusts or net rental income; (6) unemployment compensation; (7) government civilian employee or military retirement, or pensions or veteran's payments; (8) private pensions or annuities; (9) alimony or child support payments; (10) regular contributions from persons not living in the household; (11) net royalties; (12) military benefits received in cash, such as housing allowance except if you are in the Military Housing Privatization Initiative; and (13) any other cash income.

### Definition of Household

Household means *family* as defined in Section 226.2. *Family* is defined as the adult participant and the spouse and dependent(s) of the adult participant, if residing with the adult participant.

### Instructions for Applicants:

Write in the name of the center in the space provided.

Print the name of the adult who attends this center.

**PART 1:** If anyone in your household receives SNAP, TANF, participates in FDPIR or you receive SSI or Medicaid, complete PART 1. Write down the SNAP, TANF, FDPIR, SSI or Medicaid case number. Then complete PART 3 and return the form to the center.

**PART 2a:** Complete this section if you did not complete PART 1. List yourself, your spouse and any dependents that live in your household. Then list all income received last month in your household.

Enter the amount of income each person received **last month**, before taxes or anything else was taken out. Refer to the Definition of Income and the Definition of Household, above. If any amount last month was more or less than the usual, write in that person's usual income.

**PART 2b:** If you completed PART 2a, the last four digits of the Social Security Number of the adult signing the certification is required. If you do not have a Social Security Number, write *none*.

**PART 3:** Sign and date the form and return it to the center.

### Instructions for Centers and Sponsors:

**The For Sponsor Use Only section is to be completed, signed and dated by center or sponsor staff.** The sponsor/center representative must review the income eligibility form and ensure that it is completed as indicated in the instructions above. Then indicate the following:

**The Sponsor CACFP Agreement Number.**

**Total Household Members** - This item does not have to be completed if the participant completed PART 1.

**Total Income** - This item does not need to be completed if the participant completed PART 1. Indicate the total monthly income as calculated from PART 2a. If the participant chooses not to disclose income, the form must be categorized as *paid*.

**Free, Reduced or Paid** - Compare the total household income and the total number of household members with the current year's Income Eligibility Guidelines (CACFP-3687) to determine if the household should be categorized as **Free, Reduced or Paid**. Use the appropriate column on the CACFP-3687 to categorize their income. For example, if the participant indicated biweekly income, multiply this amount by 26 to determine yearly income.

Incomplete forms (missing signatures, income information, SNAP, TANF, FDPIR, SSI or Medicaid case numbers) are categorized in the paid category.

The sponsor/center representative who determines eligibility must sign and date the form.

**The income eligibility form is valid until the last day of the month one calendar year from the date it is signed.** For example, a form signed on May 12, 2019 is valid until May 31, 2020.