

CACFP FOSTER CHILD INCOME ELIGIBILITY APPLICATION

GRAND RAPIDS URBAN LEAGUE, INC.
745 Eastern Avenue SE
Grand Rapids, Michigan 49503
(616) 245-2207 or toll-free 800-842-1118

Dear Foster Parent:

To determine if your foster child's meals and snacks are eligible for additional Child and Adult Care Food Program (CACFP) reimbursement, please complete this application and return it to the sponsor at the address listed above.

Instructions:

- Print the name of your foster child in the space provided below.
- Carefully read the descriptions of the categories of foster children.
- Place an X in the box that describes your foster child.
- Complete the income information.
- Sign and date the form.

The CACFP income scale for a family of one for July 1, 2009 until further notice is: Yearly: \$20,036, Monthly: \$1,670.

Name of Foster Child: _____

1. If the court or welfare agency is legally responsible for the child and the foster home is in fact an extension of that agency, the foster child is considered a family of one.

Report the total money available for personal use. This includes, but is not limited to, funds provided by the court or welfare agency which are specifically identified by category for personal use, funds personally received by the child from trust accounts, money provided by the child's family for personal use and earnings from full-time and regular part-time employment. Do not include money you receive for the child's shelter and care and medical and therapeutic needs. \$_____ per month

2. If the child is a resident of a licensed *Group Foster Home*, he or she is considered a family of one.

Report the amount of money the child personally receives or earns from any full-time or regular part-time source. \$_____ per month

3. If the child has been permanently placed in your home or the welfare agency subsidizes the adoption of your foster child, the total family income must be used including any subsidy paid for the foster child's care by the welfare agency. *You will need to use the Household/Provider Income Eligibility Application.* Report the total payments received for support of the child per month under "All Other Income," along with all other requested information.

I certify that all of the above information is true and correct. I understand that this information is given for the receipt of federal funds; that program 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.

Signature of Foster Parent

Date

For Sponsor Use Only

Signature of Sponsor

Date

Approved Denied