

## PROVIDER INCOME ELIGIBILITY APPLICATION

### PART 1 - Households Receiving FAP, FIP, or FDPIR Benefits

<ul style="list-style-type: none"> <li>List your first and last name.</li> <li>List the household's FAP, FIP, or FDPIR case number in the appropriate column. Do not use the Bridge Card number.</li> <li>List the first and last names of your own children, age 12 and under, if you wish to receive reimbursement for their meals served while in child care.</li> <li>Go to PART 3. Sign and date the form. (You do not need to complete PART 2.)</li> </ul>			
PROVIDER NAME (First and Last)	FAP Case Number	FIP Case Number	FDPIR Case Number
NAMES OF CHILDREN (First and Last)	1.	3.	
	2.	4.	

### PART 2 - Households Not Receiving FAP, FIP, or FDPIR Benefits

<ul style="list-style-type: none"> <li>If you did not list a FAP, FIP, or FDPIR number in PART 1, complete PART 2 and PART 3 of this form.</li> <li>List the names and ages of everyone (related or not related) living in your household, including yourself, other adults and children. If you need more space, use a separate sheet of paper.</li> <li>Place an X in the next column for the children enrolled in the day care home.</li> <li>By person, list the amount and source of income received last month. List gross income <i>before</i> deductions for taxes, social security, etc. Check (✓) if the person has no income.</li> <li>Go to PART 3. Sign, date and print your social security number or the word "NONE" if you do not have a social security number.</li> </ul>						
Full Name (First and Last)	Enrolled for Child Care	Age	Monthly Earnings From Work (before deductions)	Monthly Welfare, Child Support, or Alimony	All Other Income (indicate source and amount)	Check (✓) if no income

### PART 3 - All Households

I certify that all of the above information is true and that the FAP, FIP, or FDPIR case number is correct or that all income is reported. I understand that this information is given for the receipt of federal funds; that program officials will 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 Adult Household Member                      Date                      Social Security Number

### For Sponsor Use Only

Total Household Members: _____	<input type="checkbox"/> Tier 1 Eligible
Total Monthly Income: \$ _____	<input type="checkbox"/> Tier 1 and own children eligible
_____	<input type="checkbox"/> Providers' own children
Signature of Sponsor	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
_____	Date

## Help With Income

### To determine monthly income:

- If paid every week, multiply the total gross income by 52 and divide by 12.
- If paid every two weeks, multiply the total gross income by 26 and divide by 12.
- If paid once a month, use the total gross income.
- If paid twice a month, multiply the total gross income by 2.
- If paid once a year, divide the total gross income by 12.

### Farmer or Self-Employed:

Monthly income is gross farm or business income received in the month prior to application minus farm or business expenses. Gross wages from other jobs or income from other sources must also be listed as income. A loss from self-employment must be listed as zero income and cannot reduce other income.

### Seasonal Worker:

If you or a member of your household received higher or lower than usual income last month, list the expected average monthly income on the front of this application.

## Privacy Act Statement - Social Security Numbers

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve this application. You must include the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Food Assistance Program (FAP), Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier, Family Independence Program (FIP), or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if you are eligible for reimbursement at the Tier 1 rate, and for administration and enforcement of the Child and Adult Care Food Program (CACFP). We may share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

## Foster Child

A foster child is a child who is living with a household but who remains the legal responsibility of the welfare agency or court. A foster child is considered a household of one. In certain cases, foster children are eligible for Tier 1 meal reimbursement regardless of household income. If such children are living with you and you wish to apply for this reimbursement, please contact us.

## FAP/FIP/FDPIR Recipients

If your household receives FAP, FIP, or FDPIR benefits, you and your children, age twelve and under, are automatically eligible for Tier 1 reimbursement. Complete Part 1 and Part 3 of the Provider Income Eligibility Application.

In accordance with Federal law and U. S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY) USDA is an equal opportunity provider and employer.