

Return this completed form to:

The University of Michigan – Flint  
 Early Childhood Development Center  
 303 E. Kearsley, 1313 William S. White Building  
 Flint, MI 48502



## Household Income Eligibility Statement

### Part 1 – Households Receiving Food Assistance Program (FAP), Family Independence Program (FIP), or Food Distribution Program on Indian Reservations (FDPIR)

If any member of your household receives FAP, FIP, or FDPIR, provide the name and case number for the person who receives the benefits.

Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

### Part 2 – Household Information

First and Last Names of All Household Members, Related and Unrelated	Enrolled for Child Care (✓)	Age	Birth Date	Foster Child (✓)	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 - Signature and Last Four (4) Digits of Adult Social Security number (Adult household member MUST sign and date)

I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will receive federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Last Four Digits of Social Security number: XXX-XX-  I do not have a Social Security number

#### For Institution Use Only

Total Household Members:	Total Monthly Income: \$	<b>APPROVED CATEGORY</b>
Institution Official Signature: _____ Approval Date: _____		Categorical Eligibility (A/Free): Foster FIP FAP FDPIR
		Other Household Children: A (Free) B (Reduced) C (Paid)

**This form is valid for 12 months from the date of institution signature. Approval date and institution signature are required.**

#### Privacy Act Statement

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 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 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), Family Independence Program (FIP), or Food Distribution Program on Indian Reservations (FDPIR) case number for the participant or other FDPIR identifier 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 the participant is eligible for free or reduced price meals, and for administration and enforcement of the Program.

#### Non-discrimination Statement

This explains what to do if you believe you have been treated unfairly. "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 Adjudication, 1400 Independence Avenue, SW, Washington D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."



Revised 5/11