

Return this completed form to:

University of Michigan – Flint  
 Early Childhood Development Center  
 303 E. Kearsley, 1313 WSW Building  
 Flint, MI 48502-1950  
 810-424-5214



## Household Income Eligibility Statement – Child Care Institutions

### 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 (x) | Age | Birth Date | Foster Child (x) | Amount of Earnings from Work (before deductions) | How Often? (x) |         |               |           |        | Amount of Welfare, Child Support, or Alimony | How Often? (x) |         |               |           |        | Amount of All Other Income (Indicate source and amount) | How Often? (x) |         |               |           |        | Mark if No Income (x) |  |  |
|--|-----------------------------|-----|------------|------------------|--|----------------|---------|---------------|-----------|--------|--|----------------|---------|---------------|-----------|--------|---|----------------|---------|---------------|-----------|--------|-----------------------|--|--|
|  |                             |     |            |                  |  | A              | M       | 2             | B         | W      |  | A              | M       | 2             | B         | W      |   | A              | M       | 2             | B         | W      |                       |  |  |
|  |                             |     |            |                  |  | annually       | monthly | times a month | bi-weekly | weekly |  | annually       | monthly | times a month | bi-weekly | weekly |   | annually       | monthly | times a month | bi-weekly | weekly |                       |  |  |
|  |                             |     |            |                  |  |                |         |               |           |        |  |                |         |               |           |        |   |                |         |               |           |        |                       |  |  |
|  |                             |     |            |                  |  |                |         |               |           |        |  |                |         |               |           |        |   |                |         |               |           |        |                       |  |  |
|  |                             |     |            |                  |  |                |         |               |           |        |  |                |         |               |           |        |   |                |         |               |           |        |                       |  |  |
|  |                             |     |            |                  |  |                |         |               |           |        |  |                |         |               |           |        |   |                |         |               |           |        |                       |  |  |
|  |                             |     |            |                  |  |                |         |               |           |        |  |                |         |               |           |        |   |                |         |               |           |        |                       |  |  |
|  |                             |     |            |                  |  |                |         |               |           |        |  |                |         |               |           |        |   |                |         |               |           |        |                       |  |  |

### 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 Income: \$ _____<br><input type="checkbox"/> Annually <input type="checkbox"/> Bi-Weekly<br><input type="checkbox"/> Monthly <input type="checkbox"/> Weekly<br><input type="checkbox"/> 2x Month |
| Institution Official Signature: _____   | Approval Date: _____  |
| <b>APPROVED CATEGORY</b><br>Categorical Eligibility (A/Free): Foster FIP FAP FDPIR<br>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.