

**NAME AND ADDRESS OF DAY CARE HOME PROVIDER**

**ILLINOIS CHILD CARE BUREAU**

**CHILD AND ADULT CARE FOOD PROGRAM  
HOUSEHOLD INCOME ELIGIBILITY APPLICATION  
FOR PARENTS /GUARDIANS OF ENROLLED  
CHILDREN IN A DAY CARE HOME**

**1 CHILDREN ENROLLED IN DAY CARE HOME**  
NAME (First and Last) \_\_\_\_\_ AGE \_\_\_\_\_

**2 CATEGORICAL ELIGIBILITY FOR FEDERAL OR STATE PROGRAMS**  
LIST EACH CHILD'S SNAP OR TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) CASE NUMBER OR WIC IDENTIFICATION NUMBER, IF ANY. Do not use Link card number.  
After completing, skip to **Section 6.**  
SNAP CASE NO. \_\_\_\_\_ TANF CASE NO. \_\_\_\_\_ WIC IDENTIFICATION NO. \_\_\_\_\_

**3 OTHER CATEGORICAL ELIGIBILITY**—If you or your child receives benefits from one of the following state or federal programs, identify by checking the appropriate box and providing required documentation. After completing, skip to **Section 6.**  
 Low Income Home Energy Assistance Program (attach a letter of eligibility to program)  Free or reduced-priced meals in National School Lunch and/or Breakfast Program (attach a letter of approval by school)

**4 FOSTER CHILD**  Check here if applying for a foster child. Complete a separate application for each foster child. A foster child is the legal responsibility of the welfare agency or court and resides in your home. List only the child's monthly personal use income. Write "0" if child has no personal use income. After completing, skip to **Section 6.** \$ \_\_\_\_\_

**5 HOUSEHOLD MEMBERS AND THEIR INCOME**—(Skip to **Section 6** if you provided a SNAP or TANF case number.)  
 • List the names of everyone living in the household, related or non-related.  
 • By the name of the household member, list gross income (amount before tax deductions) then state how often they are paid. Make sure you list all income earned, and other cash income received or withdrawn from any other source, including savings, investments, trust accounts, and other resources.  
 • Self-employed individuals, such as day care home providers, may report their net income from their IRS Form 1040, Schedule C, for how often, state annually.

NAMES (List Everyone in Household)	Gross Income/Self Employed Net Income		Welfare, Child Support, Alimony		Pensions, Retirement, Social Security		Income received from Savings, Investments, Trust Accounts, and Other Resources	
	How Much? /	How Often?	How Much? /	How Often?	How Much? /	How Often?	How Much? /	How Often?
1.	\$	/	\$	/	\$	/	\$	/
2.	\$	/	\$	/	\$	/	\$	/
3.	\$	/	\$	/	\$	/	\$	/
4.	\$	/	\$	/	\$	/	\$	/
5.	\$	/	\$	/	\$	/	\$	/
6.	\$	/	\$	/	\$	/	\$	/

**6 SOCIAL SECURITY NUMBER AND SIGNATURE**—An adult household member must sign the application. If Section 5 is completed above, the adult signing the form must also list his or her social security number or mark the *I do not have a social security number* box.  
 \_\_\_\_\_  
 Social Security Number  
 I do not have a social security number.  
*I certify all information is true and correct and that all income is reported. I understand this information is being given for the receipt of federal funds. I understand the institution, Illinois State Board of Education, or Office of Inspector General may verify this information on the application. Deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.*  
 \_\_\_\_\_  
 Date Printed Name of Adult Household Member Signature of Adult Household Member

**7 ALL KIDS HEALTH INSURANCE PROGRAM**—All Kids offers affordable health insurance for children, and your child(ren) may qualify. We will share your application information with All Kids unless you do not want us to. If you DO NOT want us to share this information, sign here.

Home Telephone Number \_\_\_\_\_ Work Telephone Number \_\_\_\_\_ Home Address (Number, Street, City, Zip Code) \_\_\_\_\_ Signature of Parent of Legal Guardian \_\_\_\_\_

**SPONSOR REPRESENTATIVE USE ONLY—ELIGIBILITY DETERMINATION**—Follow the instructions provided in the Household Income instructions.

Mark one of the boxes below to show how you are going to determine eligibility.

**Categorically Eligible for Federal or State Program**  **Income Household**  
 Use the conversion table to convert income to total annual income. Total the number of household members from Section 5.  
 Total Household Annual Income \$ \_\_\_\_\_  
 Total Household Size..... \_\_\_\_\_

**conversion table**  
 To convert all income to annually income use conversion calculations.  
 Weekly Income x 52  
 Every 2 Weeks x 26  
 Twice a Month x 24  
 Monthly Income x 12

Approved for Tier I Meal Rate  Denied  
 Effective Date of Application \_\_\_\_\_  
 Signature of Representative \_\_\_\_\_  
**TEMPORARY APPLICATION**  
 Review Application in 45 Days  
 Approved for Tier I Meal Rate  Denied  
 Until \_\_\_\_\_  
 Date

**NON-DISCRIMINATION:** 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.

**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 your child for free or reduced price meals. 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 SNAP, Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for your child 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 your child is eligible for free or reduced price meals, and for administration and enforcement of the Program.

### **HOUSEHOLD INCOME ELIGIBILITY GUIDELINES**

Effective From July 1, 2009, Through June 30, 2010

<u>Household Size</u>	<u>Annual</u>	<u>Monthly</u>	<u>Twice Per Month</u>	<u>Every Two Weeks</u>	<u>Weekly</u>
1	20,036	1,670	835	771	386
2	26,955	2,247	1,124	1,037	519
3	33,874	2,823	1,412	1,303	652
4	40,793	3,400	1,700	1,569	785
5	47,712	3,976	1,988	1,836	918
6	54,631	4,553	2,277	2,102	1,051
7	61,550	5,130	2,565	2,368	1,184
8	68,469	5,706	2,853	2,634	1,317
Each Additional Family Member	6,919	577	289	267	134