

**Special Nutrition Programs  
Child and Adult Care Food Program  
Adult Participant Income Eligibility Application**

**Part 1 – Participant name** \_\_\_\_\_  
Last First M.I.

**Part 2A – Households Now Receiving SNAP (Supplemental Nutrition Assistance Program, SSI, Medicaid, or FDPIR):**  
**Complete this part and sign in Part 3 – DO NOT COMPLETE PART 2B.**

SNAP Case #: \_\_\_\_\_ SSI Identification #: \_\_\_\_\_

Medicaid Assistance Identification #: \_\_\_\_\_ FDPIR Identification #: \_\_\_\_\_

**PART 2B – ALL OTHER HOUSEHOLDS:** If you did not provide a SNAP, SSI, Medicaid, or FDPIR number or if you did not complete Part 2A, complete this part and sign in Part 3.

Names		Current Income		
Names of all Household Members (participant, spouse, dependent children)	Gross Monthly Earnings (before deductions)	Welfare Payments, Child Support, Alimony	Payments from Pensions, Retirement, Social Security	Earnings from Job 2 or any Other Income

**PART 3 – SIGNATURE:** An adult household member must sign the statement before it can be approved.

**PENALTIES FOR MISREPRESENTATION:** I certify that all of the information is true and correct and the SNAP, SSI, Medicaid, or FDPIR number is correct or that all income is reported. I understand that this information is being given for the receipt of Federal funds, that institution officials may verify the information on the statement and the deliberate misrepresentation of the information may subject me to prosecution under applicable Federal and state laws

Signature of Adult: \_\_\_\_\_ Social Security Number (**Last 4 digits ONLY**) \_\_\_\_\_ Date Signed: \_\_\_\_\_

\_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Home Address \_\_\_\_\_

**PART 4 – RACIAL/ETHNIC IDENTITY:** You are not required to answer this question.

WHITE, not of Hispanic Origin  BLACK, not of Hispanic Origin  HISPANIC OR LATINO  HAWAIIAN NATIVE OR OTHER PACIFIC ISLANDER

AMERICAN INDIAN or ALASKA NATIVE  ASIAN  NOT HISPANIC OR LATINO

\*PRIVACY ACT STATEMENT: Section 9 of the National School Lunch Act requires that, unless the adult participant's SNAP, SSI, Medicaid, or FDPIR number is provided, you must include the last 4 digits of the Social Security number of the household member signing the statement or an indication that the household member signing the statement does not possess a Social Security number. Provision of a Social Security number is not mandatory, but if a Social Security number is not provided or an indication is not made that the adult household member signing the statement does not have such a number, the application cannot be approved. The Social Security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a SNAP, SSI, Medicaid, or FDPIR office to determine current certification for receipt of SNAP, SSI, Medicaid, or FDPIR benefits, contacting the State Employment Security office to determine the amount of benefits received and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported. The Social Security number may also be disclosed to programs as authorized under the National School Lunch Act and the Child Nutrition Act, the Comptroller General of the United States, and law enforcement officials for the purpose of investigation violations of certain Federal, state, and local education, health, and nutrition programs.

**For Institution Use Only:** SNAP/SSI/Medicaid/FDPIR household categorically eligible Free: \_\_\_\_\_

Monthly Income conversion: Weekly = X 4.33 Bi-weekly = X 2.15 Twice as Month = X 2

Total family income: \_\_\_\_\_ Family size: \_\_\_\_\_

Eligibility Classification: Free  Reduced  Paid  Temporary: From \_\_\_\_\_ To \_\_\_\_\_

Signature of determining official: \_\_\_\_\_ Date: \_\_\_\_\_  
 SNP-10-A Rev 02/2011 1 of 2 (Form valid for one (1) year from this date)

## Income Eligibility Application Instructions

Please complete the Child and Adult Care Food Program Income Eligibility Application using the instructions below. Sign the statement and return completed form to the center. You may call the center at phone # \_\_\_\_\_ if you need help.

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### PART 1 – PARTICIPANT’S INFORMATION: All households complete this part.

- (1) Print the name of the adult enrolled at the center.

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### PART 2A – HOUSEHOLDS RECEIVING SNAP, SUPPLEMENTAL SECURITY INCOME (SSI), MEDICAID, OR FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPIR):

#### Complete this Part and Part 3.

- (1) Indicate the current SNAP case number, SSI identification number, Medicaid number, or FDPIR number for the adult participant. Do not complete Part 2B.
- (2) An adult household member must sign the statement in Part 3.

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### PART 2B – ALL OTHER HOUSEHOLDS: Complete this Part and Part 3.

- (1) List the names of everyone in the household. “Household means the adult participant and, if residing with the participant, the spouse and dependents of the adult participant”.
- (2) Write the amount and the frequency of income (i.e. weekly, every two weeks, twice a month, or monthly) received last month for each household member. This income is the amount before taxes or anything else is taken out and where it came from such as earnings, welfare, pensions, and other income (refer to examples below for types of income to report). If any amount last month was more or less than usual, write that person’s usual income.
- (3) An adult household member must sign the statement and give the **last 4 digits** of his/her Social Security number in Part 3.

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### PART 3 – SIGNATURE AND SOCIAL SECURITY NUMBER: All Households Complete this Part.

- (1) All Income Eligibility Applications must have the signature of an adult household member.
- (2) The adult household member who signs the statement must include the **last 4 digits of** his/her social Security number. If he/she does not have a Social Security number, write “none” or state that he/she does not have a Social Security number. If you listed a SNAP, SSI, Medicaid, or FDPIR number, the **last 4 digits of the** Social Security number is not needed.

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**PART 4 – RACIAL/ETHNIC IDENTITY:** Complete the racial/ethnic identity question if you wish. You are not required to answer this question to get meal benefits. However, this information will help ensure that everyone is treated fairly.

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### INCOME TO REPORT

#### Earnings from Work

Wages/salaries/tips  
Strike benefits  
Unemployment compensation  
Worker’s compensation  
Net income from self-owned business or farm

#### Pensions - Retirement - Social Security

Pensions  
SS Income  
Retirement income  
Veteran’s payments  
Social Security

#### Welfare/Child Support/Alimony

Public assistance payments  
Welfare payments  
Alimony/child support payments

#### Other Income

Disability benefits  
Cash withdrawn from savings  
Interest/Dividends  
Income from Estates,  
Trusts or investments  
Regular contributions from persons not living in the household  
Net royalties/annuities/net rental income  
Any other income