

SANDBOX - PALOS HILLS

2015-2016

HOUSEHOLD ELIGIBILITY APPLICATION FOR CHILD CARE CENTERS
CHILD AND ADULT CARE FOOD PROGRAM

2015-2016

1. All Household Members		2.		3.			
NAMES OF ALL HOUSEHOLD MEMBERS First, Middle Initial, Last		Ages of Children at Center	FOSTER CHILD Foster children are a legal responsibility of DCFS or court. If all are foster children, skip to #6.	SNAP OR TANF CASE NUMBER Skip to Part 6 if you list a SNAP or TANF case number. At least one SNAP/TANF must be provided below.			
1.			<input type="checkbox"/>				
2.			<input type="checkbox"/>				
3.			<input type="checkbox"/>				
4.			<input type="checkbox"/>				
5.			<input type="checkbox"/>				
6.			<input type="checkbox"/>				

4. Homeless, Migrant, or Runaway

Homeless Migrant Runaway

Signature of School Homeless Liaison or Migrant Coordinator

Date

5. Total Household Gross Income (before deductions) You must tell us how much and how often.

NAMES (LIST ALL HOUSEHOLD MEMBERS WITH INCOME)	GROSS INCOME AND HOW OFTEN IT WAS RECEIVED (Example: \$100/month; \$100 twice a month; \$100/every other week; \$100/week)							
	Earnings From Work (Before Deductions)		Welfare, Child Support, Alimony		Pensions, Retirement, Social Security		Worker's Comp., Unemploy- ment, SSI, etc. (All other income)	
	Amount	How often?	Amount	How often?	Amount	How often?	Amount	How often?
i.	\$		\$		\$		\$	
ii.	\$		\$		\$		\$	
iii.	\$		\$		\$		\$	
iv.	\$		\$		\$		\$	

Example: \$9.50 per hour x 35 hours/per week

6. Signature and Social Security Number (Adult must sign)

An adult household member must sign the application. If Part 5 is completed or if zero income is listed, the adult signing the form must also list the last four digits 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 on this application is true and all income is reported. I understand the center will get federal funds based on the information I give. 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. Contact Information (Optional)

Work Telephone Number (Include Area Code)

Home Telephone Number (Include Area Code)

Home Address (Number, Street, City, State, Zip Code)

8. Optional - Sharing Information With All Kids Insurance Program

May we share your information on this application with the All Kids Insurance Program, the complete health insurance program for every child in Illinois? If yes, do not sign below.

No, I do not want my information from this application shared with the All Kids Insurance Program.

Date: _____ Sign here: _____

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 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 Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program, or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child 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 Child and Adult Care Food Program. 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.

CHILD CARE REPRESENTATIVE USE ONLY—ELIGIBILITY DETERMINATION - COMPLETE SECTIONS A, B and C BELOW

Follow the Instructions for Institutions to Process Household Eligibility Applications available at www.isbe.net/nutrition.

SECTION A Annual Income Conversion Weekly X 52 Every 2 Weeks X 26 Twice a Month X 24 Once a Month X 12 Convert income only if different frequencies of pay are reported.

TOTAL INCOME \$ _____ Per: Week Every 2 Weeks Twice a Month Month Year NUMBER IN HOUSEHOLD: _____

Free based on:
 foster child migrant
 SNAP or TANF runaway
 homeless household's income

Reduced based on:
 household's income

Denied—Reason:
 income too high
 incomplete application
 Non-qualifying SNAP/TANF

Do Not Complete Section A, B & C For Office Use Only

SECTION B Signature of Determining Official _____ Date _____

SECTION C Effective Date of this application: _____

The effective date may be made retroactive back to the first day the child participates in the CACFP as long as it occurs in the same month in which the child's eligibility is certified.