

New Mexico, CYFD/Family Nutrition Bureau
Child and Adult Care Food Program (CACFP)
Instructions for Completing the Income Eligibility Form (IEA)

[Participant Enrolled At the Center]

- ✓ List name of all enrolled participants that you are applying for which are in care.
- ✓ List each enrolled participant's date of birth and age.
- ✓ If you are applying for a foster child, list only one foster child per form. A foster child may be eligible for free meals regardless of household income.
- ✓ If the participant enrolled is in child day care center and receives benefits thru Supplemental Nutrition Assistance (SNAP) formerly, food stamps or Food Distribution Program on Indian Reservation (FDPIR), please indicate the appropriate case number in the spaces provided and sign the form. Do not use the number on your card. You do not need to complete household and income information. If the participant enrolled is in adult day care center and receives benefits thru Supplemental Nutrition Assistance (SNAP) formerly, food stamps, Food Distribution Program on Indian Reservation (FDPIR), Supplemental Security Income (SSI) or Medicaid, please indicate the appropriate case number in the spaces provided and sign the form. Do not use the number on your card. You do not need to complete household and income information.
- ✓ If you do not receive benefits and have no case number for participants enrolled at the center, you must complete all parts of the IEA (household and Income information)

HOUSEHOLD AND INCOME INFORMATION

(Not completed if case# is provided above)

- ✓ List all household members. A household is a group of related or unrelated individuals who are living as one economic unit (i.e. sharing living expenses).
- ✓ Provide the most current income by source for all household members. This can be based on the most recent information the month prior to completing the application
- ✓ The income reported on the application must include all income before taxes and before other deductions.
- ✓ A foster child, defined as a ward of the court or welfare agency, is to be listed separately so that there is only one foster child per form. Only the foster child's "personal use" income is listed. Personal use income includes:
 - Funds that are specified by the welfare agency as being for the personal use of the child. If no funds are specified, the funds received from the welfare agency are not to be considered as income. Record "0" on personal income
 - Money received in hand from any source. This includes, but is not limited to, funds received from trust accounts, from the child's family, and earnings from the child's employment other than occasional or part-time jobs.

SIGNATURE

- ✓ The adult family member completing the application must sign and date the application.
- ✓ If the enrolled participant is not in receipt of benefits and have not provided a case number, the adult family member signing the application must provide a social security number.
- ✓ If you do not have a social security number, check the "box" provided. Otherwise failure to provide the social security number, if you have one, will make the income application IEA invalid and will reduce the level of CACFP reimbursement your family day care center receive for meals served to the children and/or adult participants enrolled for care in their center.

INCOME ELIGIBILITY APPLICATION

Free and Reduced meals in the Child and Adult Care Food Program



_____ (Center Name) assures the New Mexico Children, Youth and Families Department, Early Childhood Services, Child and Adult Care Food Program, that all enrolled participants in attendance will be offered the same meals without physical segregation of, or other discriminatory action against, any child or adult participant on the basis of race, color, national origin, sex, age or disability. This policy applies to all centers included in the Child and Adult Care Food Program Agreement. 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."

INSTRUCTIONS: Complete this form and return to the Centers office.

Notation: (SNAP) Supplemental Nutrition Assistance Program (formerly the Food Stamp Program)

***Child Care Centers:** To apply for **FREE** meals - If you are receiving benefits under Supplemental Nutrition Assistance Program (SNAP) or Food Distribution Program on Indian Reservations (FDPIR) fill in your child's name, date of birth, age, the SNAP Case number or FDPIR case number and sign the form. **DO NOT** complete other Household Members or income information.

****Adult Day Care:** To apply for **FREE** meals - If enrolled participant household is recipient of Supplemental Nutrition Assistance Program (SNAP) or receives Supplemental Security Income (SSI) or Medicaid (MED), complete name, DOB, age, SNAP, SSI, and/or Medicaid case number and sign the form. **DO NOT** complete other Household Members or income information.

Enrolled Participant(s) Information (attach additional pages if necessary)				Benefit Information (If applicable check type of benefit & provide the required case number)	
Name: Last: _____	First: _____	Date of Birth: _____	Age: _____	*Child Care Centers Only-check a box <input type="checkbox"/> SNAP <input type="checkbox"/> FDPIR	
				**Adult Care Centers Only- check a box <input type="checkbox"/> SNAP <input type="checkbox"/> FDPIR <input type="checkbox"/> SSI <input type="checkbox"/> MED	
				*Case Number: _____	
				**Case Number: _____	

Foster Child (complete a separate application for each foster child)

Check this box if this application is for a foster child. List the amount of child's "personal use" monthly income \$ _____ if there is no income, record "0".

All Other Household Members List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends who live with you). You must include yourself and all children living with you. Attach another sheet of paper if you need to

Name: Last: _____	Name: Last: _____
First: _____	First: _____

Total Number in Household: _____

Household Income (Please indicate source and amount of current income for all members of your household. Please follow the definition of income specified in the standards for determining free and reduced price eligibility in your parent letter. If you receive more than one check from any of these sources, please indicate the total monthly amount received.)

Wages, Salary: \$ _____	Child Support (Alimony): \$ _____	Social Security: \$ _____
Pension or Retirement: \$ _____	Unemployment: \$ _____	Other Income: \$ _____

If necessary, convert multiple income schedules to annual income (Multiply weekly income by 52, biweekly by 26, monthly by 12)

Total Income: \$ _____ **Weekly** **Monthly** **Annually** (Check one)

Penalties for Misrepresentation: I certify that all the above information is true and correct and that the food stamp 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 State and Federal laws.

_____	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> </tr> </table>									_____	_____
Signature of Adult Family Member	Social Security Number	Date									

If the Adult Household Member signing this form does not have a Social Security Number. Check this box.

Privacy Act Statement: This explains how we will use the information you give us. 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 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 if the household is currently receiving benefits under the Supplemental Nutrition Assistance Program (SNAP) or Food Distribution Program on Indian Reservations (FDPIR) and your child is enrolled in a child care center or receiving benefits under the Supplemental Nutrition Assistance Program (SNAP), Supplemental Security Income (SSI), Medicaid or Food Distribution Program on Indian Reservations (FDPIR) and an adult in your home is enrolled in an adult day care center. 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 programs. 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.

FOR SPONSOR USE ONLY

<input type="checkbox"/> Child Day Care Center:	<input type="checkbox"/> Approved Free	<input type="checkbox"/> Approved Reduced	<input type="checkbox"/> Paid
<input type="checkbox"/> Adult Day Care Center:			

_____	_____	_____	_____
Approving Date	Date Disenrolled	Name of Organization	Name of Person Approving Form