



Income Eligibility Statement - Child Care Food Program
Child Day Care Center - Non-Pricing Program

Please use Black ink

USDA Year 2008 - 2009 Form A

PART 1

Child's Name: Last First M Classroom:

PART 2 - FOSTER CHILD: Complete this Part and sign the statement in Part 4. DO NOT complete Part 3A or 3B

If this is a foster child, check this box [ ] Write the child's income and how often it is received here: \$

PART 3A - HOUSEHOLDS NOW GETTING FOOD STAMPS OR VA TANF FOR THEIR CHILDREN

Complete this part and sign the statement in Part 4 - DO NOT complete Part 3B

Food Stamp Case Number: VA TANF Case Number:

PART 3B - ALL OTHER HOUSEHOLDS - If you did not write a Food Stamp or VA TANF number, complete this Part and sign this Statement in Part 4.

Earnings Frequency: Weekly, Bi-weekly, Monthly, 2 times per month

Table with columns: NAMES, CURRENT INCOME AND FREQUENCY (Weekly/Bi-Weekly/Monthly), and sub-columns for Earnings from Work, Welfare, Payments from Pensions, and Other Income.

List any other names on back and check here

Name and Social Security Number of primary wage earner or household member who signs this form (Privacy Act Statement)

Name: Social Security Number:

PART 4 - SIGNATURE: An adult household member must sign this statement before it can be approved.

PENALTIES FOR MISREPRESENTATION: I certify that all of the above information is true and correct and that the Food Stamp number or VA TANF number is correct or that all income is reported.

Signature of Adult: Printed Name of Adult:

Date Signed Home Telephone Work Telephone Home Address Zip Code

PART 5 - RACE/ETHNIC IDENTITY:

[ ] WHITE, not of Hispanic Origin [ ] BLACK, not of Hispanic Origin [ ] ASIAN or PACIFIC ISLANDER [ ] AMERICAN INDIAN or ALASKA NATIVE [ ] HISPANIC

Section 9 of the National School Lunch Act requires that, unless your children's food stamp or VA TANF number is provided, you must include a social security number on the statement.

For Mary Bethune Academy use only:

Food Stamp Household/VA TANF Categorically Eligible Free or Household Size:

Eligibility Classification: Free Reduced Paid

SEQ #

Total Household Income: Annual: \$

Printed Name of Determining Official:

Monthly: \$

Signature of Determining Official:

Date: