



The Child and Adult Care Food Program  
Enrollment Form / Income Eligibility Statement for Adult Day Care

CENTER NAME: \_\_\_\_\_

FISCAL YEAR: \_\_\_\_\_

**PART 1 – PARTICIPANT INFORMATION**

First and Last Name(s) of Adult Participant(s)	Date of Birth

**PART 2 – BENEFITS FROM MEDICAID, SUPPLEMENTAL SECURITY INCOME (SSI), and/or SNAP**

If any member of the household receives SNAP (Food Stamp) benefits, or if the adult participant receives Medicaid or SSI benefits, write the recipient’s name, circle the benefit type(s), and give the identification or case number.

Name of Benefit Recipient	Type of Benefit Received (CIRCLE)	Identification / Case Number (REQUIRED)
	MEDICAID    SSI    SNAP	

**PART 3 – TOTAL HOUSEHOLD INCOME – *Not required if you provided an ID or case number in Part 2.***

Write how much income is received by each person in the household **and** report how frequently that amount of income is received: weekly, every two weeks (biweekly), twice a month (semimonthly), once a month (monthly), or annually.

List the name of the adult participant, his or her spouse, and/or any other individuals living with the participant who share income and expenses or depend on the participant for financial support. A functionally impaired adult living with his or her parent(s) is considered a separate household from the parent(s) and does **not** have to list the parent’s income.

List Names (First and Last) of <b>Everyone</b> In Your Household	Gross Income (before Taxes or Deductions) from Last Month (if none, write “0”)							
	Earnings From Work Before Deductions		Alimony, Child Support, Welfare, etc.		Pensions, Retirement, Social Security, VA, etc.		Second job or any other income	
	INCOME	FREQUENCY	INCOME	FREQUENCY	INCOME	FREQUENCY	INCOME	FREQUENCY
NAME								
1.								
2.								
3.								
4.								
5.								
6.								

**PART 4 – CERTIFICATION, SIGNATURE, AND SOCIAL SECURITY NUMBER (LAST 4 DIGITS)**

The adult household member who fills out the application must sign below. If Part 3 is completed, the adult signing the form must also provide the **last four (4) digits ONLY** of his/her Social Security Number (SSN), or check the “I do not have a Social Security Number” box. (See Privacy Act Statement on the back of this page.) **The last four digits of your SSN are not needed if you have provided an identification or case number in Part 2.**

**CERTIFICATION:** I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of federal funds; that institution official(s) may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

PRINTED NAME OF ADULT COMPLETING THE APPLICATION	(LAST 4 DIGITS ONLY): XXX – XX – _____ SOCIAL SECURITY NUMBER (SSN) OF ADULT COMPLETING THE APPLICATION
SIGNATURE OF ADULT COMPLETING THE APPLICATION	DATE <input type="checkbox"/> I do not have a Social Security Number
STREET ADDRESS, CITY, STATE, ZIP CODE	DAYTIME PHONE

**PART 5 – CIVIL RIGHTS INFORMATION: ENROLLED PARTICIPANTS’ ETHNICITY & RACE (OPTIONAL)**

Check the ethnic and racial identity of adult participant(s).

Ethnicity (mark one ethnic identity):

- Hispanic or Latino
- Not Hispanic or Latino

Race (mark one or more racial identities):

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

This information is requested solely for the purpose of determining the State’s compliance with Federal civil rights laws, and your response will not affect consideration of your application and may be protected by the Privacy Act. By providing this information, you will assist us in assuring that this Program is administered in a nondiscriminatory manner.

**Non-discrimination Statement:** In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the responsible Agency or USDA’s TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [How to File a Program Discrimination Complaint](#) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

USDA is an equal opportunity provider, employer, and lender.

**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 the participant 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 list a Medicaid, SSI or Supplemental Nutrition Assistance Program (SNAP) case number 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 the participant is eligible for free or reduced price meals, and for administration and enforcement of the Program. Verification efforts may be carried out through program reviews, audits, and investigations and may include contacting the Income Maintenance Administration office to determine current certification of receipt of SNAP benefits, the Department of Human Services office to determine current certification of receipt of Medicaid benefits, or the issuing office of SSI to determine current certification of receipt of SSI benefits; contacting employers to determine income; and/or checking the documentation produced by the household member to verify 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.

**CENTER USE ONLY – IES CLASSIFICATION**

**Reimbursement classification category (check one)**

- Free (Medicaid, SSI, SNAP, or Income Eligible)
- Reduced-price
- Paid (household income above free or reduced-price level)
- Paid (incomplete information)

**Total Household Income:**

*If necessary, use the correct income conversion formula before adding incomes reported with different frequencies. Once total monthly income is determined, write “monthly” as the frequency and use the “monthly” column of the Income Eligibility Guidelines.*

*To find monthly income:*

**Weekly income X 4.33 / every 2 weeks X 2.167/ twice a month X 2**

Total income: \$ \_\_\_\_\_ Frequency: \_\_\_\_\_

Number of household members: \_\_\_\_\_

**The institution’s Determining Official MUST sign and date the IES to complete it.** Signature of a Verifying Official is recommended.

\_\_\_\_\_  
Signature of Determining Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Verifying Official

\_\_\_\_\_  
Date

**Date participant(s) withdrew or terminated:** \_\_\_\_\_