

2026-2027 Income Eligibility Form (IEF) for Child Care

STEP 1: List ALL children in day care

Children in Foster care or Head Start and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Review the Dear Parent Letter for more details. If there are more than three children, please complete an additional form.

Child's First Name	Child's Last Name	Age	Check the Normal Days of Care / Meals* that the Child Normally Receives while in Care each Day: *B = Breakfast A = AM Snack L = Lunch P = PM Snack S = Supper E = Evening Snack							Normal Hours in Care	Check all that apply				
			Mon ☐ B ☐ A ☐ L ☐ P ☐ S ☐ E	Tues ☐ B ☐ A ☐ L ☐ P ☐ S ☐ E	Weds ☐ B ☐ A ☐ L ☐ P ☐ S ☐ E	Thurs ☐ B ☐ A ☐ L ☐ P ☐ S ☐ E	Fri ☐ B ☐ A ☐ L ☐ P ☐ S ☐ E	Sat ☐ B ☐ A ☐ L ☐ P ☐ S ☐ E	Sun ☐ B ☐ A ☐ L ☐ P ☐ S ☐ E		Foster Child	Migrant	Runaway	Homeless	Head Start
									to						
									to						
									to						

STEP 2: Do any household members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?

IF YES → Write the case number here & proceed to STEP 4 (Do not complete STEP 3) Case Number: _____ (Write only one case number in this space.)

IF NO → Go to STEP 3

STEP 3: Report Income for ALL Household Members (Skip this step if you answered Yes to Step 2)

Flip the page for information on sources of income for child income and Household Members.

A. Child Income

Sometimes children in the household earn or receive income.

Please include the TOTAL income received by any children listed in STEP 1.

B. All other Household Members (including yourself)

List other household members not listed in STEP 1 (include yourself) even if they do not receive income. For each household member listed, if they do not receive income, report total gross income (before taxes) for each source in whole dollars (no cents). If they do not receive income from any source, write '0'. If you enter '0', you are certifying that there is no income to report.

Child Income:		Check One:	
		☐ Yearly	☐ Monthly
		☐ Bi-weekly	☐ Weekly

Name of other Household Members (First and Last Names)	Earnings from Work	How Often?	Welfare/ Child Support/ Alimony	How Often?	Pensions/ Retirement/ Social Security/SSI/VA Benefits	How Often?
		Yearly (Y) Monthly (M) Bi-Weekly (B) Weekly (W)		Yearly (Y) Monthly (M) Bi-Weekly (B) Weekly (W)		Yearly (Y) Monthly (M) Bi-Weekly (B) Weekly (W)
	\$		\$		\$	
	\$		\$		\$	
	\$		\$		\$	
Total household Members (Children and Adults)		Last Four Digits of Social Security Number (SSN) of primary wage earner or other adult household member.			XXX-XX-	Check if no SSN

STEP 4: Contact Information and Adult Signature

"I certify that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds and that CFP officials may verify that information. I am aware that if I purposely give false information, the participant/center may lose meal benefits and I may be prosecuted under applicable State and Federal laws."

Print Name of Adult Signing the Form	Signature of Adult	Today's Date
Address	City, State, Zip	Phone/Email

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Source of Income for Children	
Sources of Child Income	Examples
Earnings from work	A child has a regular full or part-time job where they earn a salary or wages.
Social Security - Disability Payments - Survivors Benefits	A child is blind or disabled and receives Social Security benefits. A parent is disabled, retired or deceased, and their child receives Social Security benefits.
Income from person outside of household	A friend or extended family member regularly gives a child spending money.
Income from any other source	A child receives regular income from a private pension fund, annuity or trust.

Source of Income for Adults		
Earnings from Work	Public Assistance/Alimony/Child Support	Pensions/Retirement/ All other sources of income
Salary, wages or cash bonuses Net income from self-employment (farm or business). If you are in the U.S. Military Basic pay and cash bonuses (DO NOT include combat pay, FSSA or privatized housing allowances). Allowances for off-base housing, food and clothing.	Unemployment benefits, workers compensation, Supplemental Security Income (SSI), cash assistance from State or local government, alimony payments, child support payments, veteran's benefits, or strike benefits.	Social Security (including railroad retirement and black lung benefits), private pensions or disability benefits, income from trusts or estates, annuities, investment income, earned interest, rental income, or regular cash payments from outside household.

STEP 5: Children's Ethnic and Racial Identities

We are required to ask for information about your children's race and ethnicity. Responding does not affect your children's eligibility for receiving meals during care. Check all boxes that apply to the child(ren) in care.

Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race: ☐ White (Includes Hispanic and Latino) ☐ Black or African American ☐ Asian ☐ Native Hawaiian or Other Pacific Islander ☐ American Indian or Alaskan Native

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 last four digits of the Social Security Number are 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 for the participant or other (FDPIR) identifier 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.

Nondiscrimination Statement (Revised May 2022) In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at 202-720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at 800-877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online, from any USDA office, by calling 866-632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: Mail: US Department of Agriculture Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; or fax: (833) 256-1665 or (202) 690-7442; or email: program.intake@usda.gov This institution is an equal opportunity provider.

For center staff use only

Annual Income Conversion: Weekly x 52, Biweekly x 26, Monthly x 12

Household Last Name:

Total Income:	How Often? (Check One)	☐ Yearly ☐ Monthly ☐ Bi-weekly ☐ Weekly	Household Size:		Eligibility	Free	Reduced	Paid
					Eligibility Reason:			

Determining Official's Signature

Month/Year

Expiration Date* (Month/Year)

Today's Date

*This form expires 12 months after the month in which the institution makes the determination.

Example: If the determination is **July 2026**, the form is valid from **July 1, 2026 through July 31, 2027**. The institution may use the date the participant/guardian signs the Income Eligibility Form **OR** the date the institution's official make the determination and signs the Income Eligibility Form. The same approval method selected must be used for all forms approved by the institution.