

Delaware Income Eligibility Form
Complete one application per household. Please use a pen (not a pencil).

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."
Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced-Price School Meals for more information.
Child's First Name MI Child's Last Name DOB
Enrolled? Yes No
Foster Child Home-less Migrant Run-away
Check all that apply

STEP 2 ENROLLMENT INFORMATION

Start Date: Arrival Time: Departure Time: Shift Work: Yes No
Normal days of week Participant(s) is/are in care (check all that apply):
Meals eaten at Providers/Center: (Check all that apply. CACFP provides reimbursement for up to 2 approved meals and one snack per day/participant):
Breakfast AM Snack Lunch PM Snack Supper Evening Snack

STEP 3a CHILD CARE PROGRAM PARTICIPANTS ONLY: Do any Household Members (including you) currently participate in any of the following assistance programs: SNAP or TANF?

If NO > Go to STEP 4. If YES > Write a case number here, then go to STEP 5 (DO NOT COMPLETE STEP 4) Case Number:

STEP 3b ADULT DAY CARE PROGRAM PARTICIPANTS ONLY Name of Adult Participant:

Do any Household Members (including you) currently receive one or more of the following assistance programs: SNAP, TANF, SSI, or Medicaid?
Check one: Yes No
If NO > Go to STEP 4. If YES > Write a case number here, then go to STEP 5 (DO NOT COMPLETE STEP 4). Case Number:

STEP 4 Report Income for ALL Household Members (Skip this step if you answered "Yes" and provided a case number in STEP 3a or 3b)

Are you unsure what income to include here?
Read "Sources of Income" in the instructions for more information.
The "Sources of Income for Children" chart will help you with the Child Income section.
The "Sources of Income for Adults" chart will help you with the All Adult Household Members section.
A. Child Income
Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.
Child income How often?
B. All Adult Household Members (including yourself)
List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.
Name of Adult Household Members (First and Last) Earnings from Work How often? Public Assistance/Child Support/Alimony How often? Pensions/Retirement/All Other Income How often?
Total Household Members (Children and Adults) Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member
Check if no SSN

STEP 5

An adult household member must sign and date this form before it can be approved.

"I certify (promise) 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 CACFP officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Street Address (if available)

City

State

Zip

Daytime Phone and Email (optional)

Printed name of adult signing the form

Signature of adult

Today's date

OPTIONAL**Racial and Ethnic Identities**

We are required to ask for information about your race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your eligibility for free or reduced-price meals.

Ethnicity (check one): ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race (check one or more): ☐ American Indian or Alaskan Native ☐ Native Hawaiian or Other Pacific Islander ☐ Black or African American ☐ Asian ☐ White

The Richard B. Russell National School Lunch Act requires that we use information from this application to see who qualifies for free or reduced price meals. We can only approve complete forms. We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met.

Please be sure to provide the last four numbers of the Social Security number of the adult household member who signs the application. If the adult does not have one, 'Check if no Social Security Number'. Applications for a foster child do not need to list a Social Security number. Applications for children in households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) do not need to list a Social Security number.

Some children qualify for free meals without an application. Please contact your school to get free meals for a foster child, and children who are homeless, migrant, or runaway.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, 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:**
U.S. 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

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.

This institution is an equal opportunity provider.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., 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.

Do not fill out**For SPONSOR Use Only**

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24 Monthly x 12

Total Income

How often?

Weekly	Bi-Weekly	2x Month	Monthly
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Household Size

Categorical Eligibility (If Yes, Add Reason):

DATE WITHDRAWN:

Determining Official's Signature

Date

Eligibility

Free	Reduced	Paid
☐	☐	☐