

Child and Adult Care Food Program (CACFP) Enrollment Income Eligibility Application (EIEA)

PART 1 – CHILDREN’S INFORMATION (REQUIRED)												
Child’s Name	Birthdate	Age	Foster	Arrival Time	Departure Time	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						
			☐			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
			☐			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
			☐			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
			☐			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
			☐			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

PART 2 – HOUSEHOLD MEMBER RECEIVING BASIC FOOD/TANF/FDPIR IN WA STATE - Any household member receiving benefits can establish eligibility for children in the household. If listing case number or ID, please skip to part 5.	Case Number or ID number
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PART 3 – TOTAL HOUSEHOLD GROSS ANNUAL INCOME The adult signing the form must list the last four digits of their Social Security Number (SSN) or check the box if no SSN. <i>See Privacy Act Statement and Sources of Income on the back of this page (Annual Income Conversion by pay frequency: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12)</i>	PART 4 – CHILDREN’S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)
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List names (First and Last) of everyone in your household, including foster children	Annual Earnings from Work Before Deductions	Annual Welfare, Alimony, Child Support	Retirement, Pensions, Social Security, Other
1. _____	\$ _____ /yr	\$ _____ /yr	\$ _____ /yr
2. _____	\$ _____ /yr	\$ _____ /yr	\$ _____ /yr
3. _____	\$ _____ /yr	\$ _____ /yr	\$ _____ /yr
4. _____	\$ _____ /yr	\$ _____ /yr	\$ _____ /yr
5. _____	\$ _____ /yr	\$ _____ /yr	\$ _____ /yr
6. _____	\$ _____ /yr	\$ _____ /yr	\$ _____ /yr
7. _____	\$ _____ /yr	\$ _____ /yr	\$ _____ /yr
8. _____	\$ _____ /yr	\$ _____ /yr	\$ _____ /yr
9. _____	\$ _____ /yr	\$ _____ /yr	\$ _____ /yr
10. _____	\$ _____ /yr	\$ _____ /yr	\$ _____ /yr

Number of Household Members _____

Last 4 of SSN (check box if no SSN) ☐

We are required to ask for information about your children’s race and ethnicity. This information helps to make sure we are fully serving our community. Responding to this section is optional, it will not affect your children’s eligibility for receiving meals during care.

Ethnicity (check one):

☐ Hispanic or Latino

☐ Not Hispanic or Latino

Race (check one or more):

☐ American Indian or Alaskan Native

☐ Multi-Racial

☐ Native Hawaiian or Pacific Island

☐ Black or African American

☐ Asian

☐ White

PART 5 – PARENT/GUARDIAN SIGNATURE AND CERTIFICATION—(REQUIRED) SIGNATURE CONFIRMS ALL INFORMATION PROVIDED IS CORRECT AND ACCURATE			
“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, the participant/center may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.”			
Signature _____		Print Name _____ Date _____	
Address _____		City, State, Zip _____ Phone Number _____	

DO NOT FILL OUT – CENTER USE ONLY	CATEGORY	OSPI USE ONLY
_____ Institution Representative Signature	_____ Date	☐ Free (Basic Food/TANF/FDPIR) ☐ Free (foster child(ren)) Total Annual Income \$ _____ ☐ Free ☐ Reduced-Price ☐ Above-Scale Reason: _____
INVALID WITHOUT SIGNATURE AND DATE (see back for effective date requirements)		☐ Free ☐ Reduced ☐ AS OSPI Rep. _____

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, the funds your child care center/provider receives may be impacted. 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 is not required when you apply on behalf of a foster child or you list a Basic Food, Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child 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 the meal reimbursement for your child care center/provider. 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.

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 (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.

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/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.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

***Only use this address if you are filing a complaint of discrimination.**

This institution is an equal opportunity provider.

EIEA Effective Date

If the institution uses the parent/guardian signature date as the effective date, the form must be signed by the institution representative within the same month as the parent, or the following month. If the institution representative does not sign the EIEA within these timeframes, the institution representative's signature date must be used as the effective date.

Valid TANF or Basic Food Number Guidelines and Contact Resources for WA State Recipients

Consists of seven to nine digits, such as 004235555 A parent may omit the zeros preceding the number and write as (ex. 4235555) May start with 002, 003, 004, 005 or 05 Does not include any letters	Is not a social security number (unless it's a tribal case number). Does not start with a 200 series number Is not a case number for state-paid childcare Is not an EBT card number
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DSHS Customer Service Number: (877) 501-2233

Basic Food and TANF website: www.washingtonconnection.org

Earnings from Work	Public Assistance, Alimony, Child Support	Pension, Retirement, Other Sources of Income	Sources of Child Income	Examples:
- Salary, wages, cash bonuses - Net income from self-employment (farm or business) <u>If you are in the U.S. Military:</u> - Basic pay and cash bonuses (does NOT include combat pay, FSSA, or privatized housing allowances) - Allowances for off-base housing, food, and clothing	- Unemployment benefits - Workers' compensation - Supplemental Security Income - Cash assistance from State or local government - Alimony payments - Child support payments - Veterans benefits - 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 - Regular cash payments from outside household	Earnings from work Social Security -Disability Payments -Survivors Benefits Income from any other source	A child of legal working age has a regular full or part-time job where they earn a salary or wages - 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 A child receives regular income from a private pension fund, annuity, or trust