					С	ente	er N	am	e: _								Center ID#:			_		
		Ηοι	ısehol	d Inco	ome Eligibility S	Sta	te	me	en	t -	- Child Care	In	sti	tu	tic	ns	5					
rt 1 – Households Receiv	ing Food	Assista	nce Prog	ram (FA	AP), Family Independ	den	ce I	Pro	gra	am	(FIP), or Food D	istr	but	ior	1 P	rog	ram on Indian Re	ser	vati	ions	(FI	PIR)
f any member of your house			,			se r	ıum				·											
lame:								С	ase	e Nu	umber:								_			
rt 2 – Household Informa	tion					н	ow	Ofte	en?	(x)	•	Hov	v Of	ten	? ()	ĸ)		Нс	ow C	Ofter	ı? (x	
First and Last Names of All Household Members, Related and Unrelated	Enrolled for Child Care (x)	Age	Birth Date	Foster Child (x)	Amount of Earnings from Work (before deductions)	W e e k	B I W e e k	2 x M o n	M o n t h l	A n n u a I	Amount of Welfare,	W e e k		2 x M	Monthl	A n n	Amount of All Other	W	B I W e e	2 x M o n	M / O II I	Mark No Inco
							y						У						y			

Last four digits of Social Security Number: XXX-XX-

I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will receive federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted. Print Name: _____ Date: ____ Signature: ___

I do not have a Social Security Number

		For Institution Use Only	
Total Household Members:	Total Income: \$	Weekly Monthly Bi-Weekly Annually 2x Month	APPROVED CATEGORY Categorical Eligibility (A/Free): Foster FIP FAP FDPIR Other Household Children: A (Free) B (Reduced) C (Paid)
Institution Official Signature:		Approval Date:	

This form is valid for 12 months from the date of institution signature. Approval date and institution signature are required.