

Household Income Eligibility Statement

Part 1 – Foster Child - Complete Parts 1 and 4 (Complete one form for each foster child. A foster child is a child who is living with a household but remains the legal responsibility of the welfare agency or court. A foster child is considered a household of one.)

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|--|-----------|------------------|
| Name of Foster Child _____ | Age _____ | Birth Date _____ |
| Child's personal use income per month \$ _____ If none available, list \$ 0. | | |

Part 2 – Households Receiving FAP, FIP or FDPIR Benefits

Complete Parts 2 and 4

| Full Names of Children Enrolled for Child Care | Age | Birth Date | FAP Benefit Case Number | FIP Benefit Case Number | FDPIR Benefit Case Number |
|--|-----|------------|-------------------------|-------------------------|---------------------------|
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Part 3 – Households NOT Receiving FAP, FIP or FDPIR Benefits

Complete Parts 3 and 4

| First and Last Names of All Household Members | Enrolled for Child Care (✓) | Age | Child's Birth Date | Monthly Earnings from work (before deductions) | Monthly Welfare, Child Support, or Alimony | All Other Income (Indicate source and amount) | Check if No Income (✓) |
|---|-----------------------------|-----|--------------------|--|--|---|------------------------|
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Part 4 – All Households

I certify that the information provided on this form is true and correct. I understand that this institution will receive federal funds based on the information I provide, that program officials may verify the information, and that I may be prosecuted if I purposely give false information.

_____ _____ XXX-XX-_____
 Signature of Adult Household Member Date Last Four Digits of Social Security Number

Privacy Act Information: Social Security Numbers

Section 9 of the National School Lunch Act requires that, unless your child's FAP/FIP/FDPIR case number is provided, you must include the last four digits of the social security number of the adult household member signing this Statement or indicate that the household member does not have a social security number. Provision of the last four digits of the social security number is not mandatory, but if the last four digits of the social security number are not given or an indication is not made that the signer does not have such a number, the Statement cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the Statement.

| | | |
|---------------------------------------|--|---|
| Total Household Members: | For Institution Use Only Total Monthly Income: \$ _____ | Approved Category: 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 signature are required.

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