



Name of Child Care Center: Higher Calling Christian Academy

CACFP Meal Benefit Income Eligibility Statement*

PART I: Child(ren) or Adult enrolled to receive day care

Table with columns: Name, Date of Birth, Case Number, and Eligibility categories (Head Start, Foster Child, Migrant, Runaway, Homeless).

PART II: Report income for ALL Household Members (Skip this step if participant is categorically eligible as documented in Part I.)

Are you unsure what income to include here? Flip the page and review the charts titled "Sources of Income" for more information

A. Child Income - Sometimes children in the household earn or receive income. Please indicate the TOTAL income received by child household members listed in PART I here.

B. Other Household Members. List all household members even if they do not receive income. Also, list the adult participant if he/she did not meet eligibility in Part I.

Table for reporting household members with columns: Name, 1. Earnings from work, 2. Welfare, child support, 3. Social Security, pensions, 4. All other income.

C. Total Household Members (Adults and Children) listed in Part I and Part II

D. Social Security Number. If income is listed or completed in Part II, the adult completing the form must also list the last four digits of his or her Social Security Number or check the "I don't have a Social Security Number" box below.

PART III: Enrollment Information: Children Only

My child is normally in attendance at the facility between the hours of [] [am/pm] to [] [am/pm]. Circle the days your child will normally attend the center: Sunday Monday Tuesday Wednesday Thursday Friday Saturday

PART IV: Signature

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 get Federal funds based on the information I give.

Signature: X Print Name: Date: Address: City: State: Zip: Phone:

PART V: Participant's Ethnic and Racial Identities (optional)

Check (✓) one ethnic identity: Hispanic/Latino Not Hispanic/Latino Check (✓) one or more racial identities: Asian White Black or African American Indian or Alaska Native Hawaiian or other Pacific Islander

Official Use Only Section for QCC Staff: Annual Income Conversion: Weekly x 52, Every 2 weeks x 26, Twice a month x 24, Monthly x 12

(A) Total income: per Week Every 2 weeks Twice a month Year (B) Household Size: (C) Categorical Eligibility: (D) Eligibility: Free Reduced Paid (E) Day Care Homes Only: Check one Tier I Tier II (F) Time Period:

When more than one person is performing CACFP duties, there must be at least two signatures on this form: one signature from the Determining Official (the official who determined initial income classification) and one signature from the Confirming Official (the official who verified the form's accuracy).

Determining Official's Signature: Date: Confirming Official's Signature: Date: Follow Up Official's Signature: Date:

Instructions

Households that receive SNAP, TANF, FDPIR, SSI or Medicaid: Complete the following:

Part I: For family day care home and child care center, list participant's name and a SNAP, TANF, or FDPIR case number. For adult day care, list participant's name and a SNAP, TANF, FDPIR, SSI or Medicaid case number. **Note: foster children (children placed in the household by the court system) can be included in this section. A separate form is no longer needed for foster children. Note:** Children in Foster care, enrolled in Head Start and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Please refer to the Q&A section for a definition of each free categorical eligibility.

Part II: Skip this part.

Part III: Child care centers only. Provide the normal days and hours your child is in attendance in the center and indicate the meals he/she normally receives while in care.

Part IV: Sign the form. A Social Security Number is not necessary.

Part V: Answer this question if you choose to.

All other Households, including WIC households, complete the following:

Part I: For family day care home, child care center or adult day care, list participant's name.

Part II: To report total household income from last month, complete the following:

A- Child Income: Please indicate the TOTAL income received by **Child** household members listed in PART I. Please list any child income and how often it is received in this section.

B – Adult Income: List the first and last name of each **Adult** person living in your household as an economic unit. You must indicate yourself and all other adult members living with you. In the case of an adult participant, the adult participant, and if residing with the adult participant, the spouse and dependent(s) of the adult participant should be listed here as well. Attach another sheet if necessary.

List Gross Income. Next to each person's name, list each type of income received last month, and how often it was received.

B-Column 1: List the gross income each person earned from work. This is not the same as take-home pay. Gross income is the amount earned before taxes and other deductions. The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly).

B-Column 2: List the amount each person got last month from welfare, child support, alimony.

B-Column 3: List Social Security, pensions, and retirement.

B-Column 4: List all other income sources including Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits IVA benefits), disability benefits, regular contributions from people who do not live in your household. Report net income from self-owned businesses, farming, or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.

Social Security Number: If income is listed or completed in Part II, the adult completing the form must also list the last four digits of his or her Social Security Number or mark the "I don't have a Social Security Number" box.

If no income: If the person does not receive income from any source, write "0". If "0" is entered or any income field are blank, the person is certifying that there is no income to report. **C – Total Household Members. Please list the total number of all household members (children and adults) in this section.**

Part III: Child care centers only. Provide the normal days and hours your child is in attendance in the center and indicate the meals he/she normally receives while in care.

Part IV: An adult household member must complete this section completely and then sign the form. Please refer back to Part II to ensure the last four digits of his/her social security number have been recorded or the box has been marked if he/she does not have one.

Part V: Answer this question if you choose to.

Privacy Act Statement: This explains how we use the information you give us.

C

Sharing Information with MEDICAID/SCHIP

Name of Child Care Center: Higher Calling Christian Academy

Dear Parent/Guardian:

If your children qualify for free or reduced price meals, they may also be able to get free or low cost health insurance through Medicaid or the State Children's Health Insurance Program (SCHIP). Children with health insurance are more likely to get regular health care and are less likely to become sick.

Because health insurance is so important to children's well-being, **the law allows us to tell Medicaid and SCHIP that your children are eligible for free or reduced price meals, unless you tell us not to.** Medicaid and SCHIP only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children in this health insurance program. Filling out the CACFP Meal Benefit Income Eligibility Forms does not automatically enroll your children in health insurance.

If you do not want us to share your information with Medicaid or SCHIP, fill out the form below and send it with your Income Eligibility Form to **the child care center office. It will be forwarded to Quality Care for Children, Nutrition Department, 3 Corporate Blvd. NE, Suite 230, Atlanta, GA 30329** right away. (Sending in this form will not change whether your children get free or reduced price meals.)

No! I DO NOT want information from my CACFP Meal Benefit Income Eligibility Form shared with Medicaid or the State Children's Health Insurance Program.

If you checked no, fill out the form below.

Child's Name: _____

Child's Name: _____

Child's Name: _____

Child's Name: _____

Signature of Parent/Guardian: _____

Today's Date: _____

Print Your Name: _____

Address: _____

For more information, you may call **Quality Care for Children** at 404-479-4255 or 404-479-4253. If you wish to apply for these benefits through Medicaid or SCHIP, contact your local county DFCS office.

D

Infant Affidavit

MANDATORY FOR ALL INFANTS IN CARE

In CACFP, programs **must offer** a USDA approved "ready-to-feed" commercially prepared iron-fortified milk-based infant formula to infants in their care. The Georgia Department of Early Care and Learning only permits these types of commercially prepared, "ready-to-feed" formula.

To be completed by center BEFORE giving to parents:

Name of Sponsor: Quality Care for Children

According to USDA regulations, as an institution participating in the Child and Adult Care Food Program, I must offer to provide meals to all infants enrolled for care in my center/facility.

I, Higher Calling Christian Academy (name of center), will provide the following to infants enrolled for care in my facility:

- Gerber Good Start (name of milk-based iron-fortified formula) and
- Gerber & Beech Nut Foods (name of iron-fortified infant cereal)

Parents/Guardians:

Do not complete unless the center section above has been filled-in with both formula and cereal above.

Name of Infant: _____

Please check one of the following options and sign this form:

I would like the provider/center to provide the milk-based iron fortified infant formula and iron-fortified infant cereal listed above to my infant and I will provide clean, sanitized and labeled bottles daily.

I will provide the following for my infant on a daily basis:

- _____ (name of milk-based iron-fortified formula) and
- _____ (name of iron-fortified infant cereal)

Parent/Guardian Signature

Date

*Any parent requesting any formula other than a USDA approved milk-based or soy-based iron fortified formula be provided to their infant or any parent who provides any formula other than a USDA approved milk-based or soy-based iron-fortified formula for their infant must provide a doctor's note indicating the required use of the formula. If a parent elects to have the center or day care home provider supply meals to their infant, the infant will be fed according to its individual feeding plan that is provided by the parent or guardian although the center or day care home provider may only claim reimbursement for no more than breakfast, lunch or supper, and a snack.