**PROVIDER APPLICATION INSTRUCTIONS**

**CHILD AND ADULT CARE FOOD PROGRAM (CACFP)**

**PART 1** – Write the name, age and birth date of the child(ren). If he/she receives Food Stamps, or TANF, check the appropriate box. Record their case number and complete Part 3, **do not** complete Part 2. If you have a foster child do not include the foster child in your household information.

**PART 2** – If you did not record a Food Stamp or TANF case number complete Part 2. Write the names of **everyone** in your household. Include yourself and the child(ren) listed above, and if applicable; your spouse, all other children, grandparents, other relatives and unrelated people in your household. Use a separate sheet of paper if you need more space.

All current gross monthly income for employed persons must be reported. Write the amount each person receives on a **MONTHLY** basis on the same line as their name, indicate source of income, (*see Examples of Income to Report below*). Gross Income is all money earned before taxes or any other deductions. If the amount received varies, indicate that person’s **usual** income. Welfare/child support refers to support monies received by the household, not paid out. Self employed persons including family child care providers use their net income after deductions and expenses to determine income eligibility. **REFER TO THE COVER LETTER TO CALCULATE YOUR NET INCOME FROM YOUR DAY CARE BUSINESS**

# EXAMPLES OF INCOME TO REPORT

**Earnings From Work** **Pensions/Retirement/Social** **Other Income**

Wages/Salaries/Tips **Security** Earnings from second job

Strike Benefits Pensions Disability Benefits

Unemployment Compensation Retirement Income Interest/Dividends

Workman’s compensation Social Security Cash Withdrawn from Savings

Net income from self-owned Veteran Payments Income from

Business or farm Supplemental Security Income Estates/Trusts/Investments

Regular contributions from persons

**Welfare/Child Support/Alimony** not living in the household

Public Assistance Payments Royalties/Annuities/Rental Income

Welfare Payments Any other monies that may be

Alimony Payments available to pay for the child’s

Child Support Payments meal

**PART 3** – An adult household member **must** sign and date the application. Write the Social Security Number of the parent/guardian who is the primary wage earner or the adult household member who signs the form. Write the word “NONE” if neither adult household member has a social Security Number.

Unless you include your child’s case number for the Food Stamp Program, the Food Distribution Program on Indian Reservations (or other identified for the Food Distribution Program on Indian Reservations) or the Temporary Assistance for Needy Families Program, you must include the social security number of the adult household member signing the application or indicate that the household member does not have a social security number. This is required by Section 9 of the National School Lunch Act. The social security number is not mandatory, but the application cannot be approved if a social security number is not given or an indication is not made that the signer does not have a social security number. This notice must be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits and investigation and may include contacting employers who determine income, contacting a Food Stamp or welfare office to determine current certification for receipt of food Stamps or TANF benefits, contacting the State Employment Security Office to determine the amount of benefits received and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal action if incorrect information is reported.

VERIFICATION: The sponsor will request that you submit the proof of income or benefits to verify eligibility as a Tier I provider. Please refer to the cover letter for details.

**USDA Nondiscrimination Statement**

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/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:

1. **mail:**  
   U.S. Department of Agriculture  
   Office of the Assistant Secretary for Civil Rights  
   1400 Independence Avenue, SW  
   Washington, D.C. 20250-9410; or
2. **fax:**  
   (833) 256-1665 or (202) 690-7442; or
3. **email:**  
   [Program.Intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.

FDCH PROVIDER APPLICATION Instructions FOR TIER 1 AND 2 reviewed August 2023