2023 - 2024 Delaware Prototype Income Eligibility Form Complete one application per household. Please use a pen (not a pencil).

LIST ALL	nousehold Members who are inlants, c	midren, and students up to	o and including grade 12 (i	more spaces are re	equireu for additional	names, attach another s	neet or paper)	
Definition of Household	Child's First Name	MI Child	l's Last Name			DOB Enroll	ed? Homeless No Child Runaway	
Member : "Anyone who is living with you and shares								
income and expenses, even \if not related."								
Children in Foster care and							Check all that apply	
children who meet the								
definition of Homeless , Migrant or Runaway are							D Peck	
eligible for free meals. Read How to Apply for Free and								
Reduced-Price School Meals for more information.								
	MENT INFORMATION			1 1 1 1				
Start Date:	Arrival Time:	AM/PM	Departure Time:		AM/PM St	nift Work: Yes/No		
Normal days of week	R Participant(s) is/are in care (circle all i	that annly):	Mon Tue	s Wed	Thurs	Fri Sat	Sun	
	ders/Center: (Circle all that apply. CACF					TII Gut	Oun	
Breakfast	AM Snack	Lunch	PM Snac		Supper	Evenin	g Snack	
STEP 3a CHILD	CARE PROGRAM PARTICIPANT	S ONL V: Do and House		\	and in any of the fall		TANES	
STEP 3a CHIED	CARL FROGRAM FARTICIFANT	3 ONLT. Do any Houser	iola Members (including ye	ou) currently partici	pate in any of the folio	owing assistance progra	ms: SNAP or TANF?	
If NO > Go to ST	EP 4. If YES > Write a case nur	mber here, then go to ST	EP 5 (<u>DO NOT COMPLE</u>	TE STEP 4) Case	Number:			
STEP 3b ADULT	DAY CARE PROGRAM PARTICII	PANTS ONLY	Name of Adult P	articipant:				
Circle one: Yes /	Members (including you) currently re No 24. If YES > Write a case number l					d?		
STEP4 Report	Income for ALL Household Mem	bers (Skip this step if	you answered "Yes"	and provided a	case number in S1	TEP 3a or 3b)		
	A. Child Income Sometimes children in the household earn of	r receive income. Please includ	le the TOTAL income received	oy all		How often?		
Are you unsure what	Household Members listed in STEP 1 here.				Child income We	ekly Bi-Weekly 2x Month Monthly		
income to include here?	B. All Adult Household Members (in	cluding yourself)		\$		0 0 0		
Read "Sources of Income" in the	List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.							
instructions for more	lor each source in whole dollars (no cents) e	my. If they do not receive moor	How often?	Public Assistance/	How often?	Pensions/Retirement/	How often?	
information.	Name of Adult Household Members (First and Last)	Earnings from Work Week		Child Support/Alimony Wee	ekly Bi-Weekly 2x Month Monthly	A II O II I	Weekly Bi-Weekly 2x Month Monthly	
The "Sources of Income for Children" chart will help you with the Child		\$)			\$	0 0 0 0	
Income section.		\$) O O S			\$	0 0 0 0	
The "Sources of Income for Adults" chart will help you with the All Adult		\$) O O S			\$	0 0 0 0	
Household Members section.		\$) O O S		0 0 0	\$	0 0 0 0	
		\$) O O S		0 0 0	\$	0 0 0 0	
	Total Household Members (Children and Adults)	Last Four Digits of Social So Primary Wage Earner or Oth	ecurity Number (SSN) of ner Adult Household Member	x x x x	(Check if no SSN		

STEP 5

An adult household member must sign and date this form before it can be approved.

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 submit all needed information, we cannot approve your child for free or reduced-price meals. You must include the last four digits of the social security number of the primary wage earner or other adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP). 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 if your child is eligible for free or reduced-price meals, and for administration and enforcement of the lunch and breakfasta programs. 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. 1. mail: 2. fax: 2. fax: 2. fax: 3. gas 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 ci	that CACFP officia
Perinted name of adult signing the form Signature of adult Signature of adult	
We are required to ask for information about your race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your eligibility for free or reduced-price meals. Ethnicity (check one): Hispanic or Latino Not Hi	1
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Responding to this section is optional and does not affect your eligibility for free or reduced-price meals. Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino Race (check one or more): American Indian or Alaskan Native Native Hawaiian or Other Pacific Islander Black or African American Asian 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 submit all needed information, we cannot approve your child for free or reduced-price meals. You must include the last four digits of the social security number of the primary wage earner or other adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list at Supplemental Nutrition Assistance Program (SNAP). Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR (legible for free or reduced-price meals, and for administration and enforcement of the lunch and breakfast programs. 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, American Sign Language), should contact the responsible state or	
Race (check one or more): American Indian or Alaskan Native Native Hawaiian or Other Pacific Islander Black or African American Asian Other Pacific Islander Black or African American David Pacific Islander Black or African Pacific Islander Black or African Pacific Islander Black o	
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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	by calling (866) 632 name, address, nt detail to inform the
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.	
Do not fill out For SPONSOR Use Only	
Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24 Monthly x 12	
Total Income How often? Weekly Bi-Weekly 2x Month Monthly Household Size SNAP (Food Stamp) Household Head-Start ECAP DATE WITHDRAWN: Free Reduce SSI (adult participant only) Medicaid (adult participant only) Medicaid (adult participant only)	Paid