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| C:\Users\CCCC\Desktop\download.jpg | INCOME ELIGIBILITY FORM  for Child Care Centers |

See INSTRUCTIONS OF REVERSE.

CHILD CARE CENTER NAME: Campus & Community Children’s Center

Print the name of the child(ren) enrolled in this child care center:

|  |  |
| --- | --- |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |

**DIRECTIONS:**

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| --- | --- |
| **Complete SECTION A if anyone in your household:**   1. Receives Food Stamps \SNAP Benefits 2. Receives Temporary Assistance to Needy Families (TANF) 3. Participates in the Food Distribution Program on Indian Reservations (FDPIR) 4. 4. If any of the children enrolled in this child care center are foster children. | **Complete SECTION B if no one in your household** receives Food Stamps, TANF, FDPIR or if none of the children enrolled in the child care center is a foster child. |
| **SECTION A** | **SECTION B** |
| |  |  | | --- | --- | | Food Stamp Case Number |  | | TANF Number |  | | FDPIR Number |  | | Names of Foster Children |  |   An adult household member must sign the application before it can be approved. After reading the following statement and the statement on the back, sign below.  I certify that the above information is true. I understand that the center will get Federal funds based on the information I give.   |  |  | | --- | --- | | Signature: |  | | Date: | /  / | | List all household members below. Include yourself and all adults and children NOT listed above, even if they do not receive income. Then list all income received **last month** in your household in the column to the right. Gross income includes: earnings from work, pensions, retirement, Social Security, child support, foster child’s personal income and any other sources of income.   |  |  | | --- | --- | | Name of Household Members | Monthly Gross Income | | 1. | $ | | 2. | $ | | 3. | $ | | 4. | $ | | 5. | $ | | 6. | $ | |
| **FOR SPONSOR USE ONLY** | An adult household member must sign the application before it can be approved. After reading the following statement and the statement on the back, sign below.  I certify that the above information is true and that all income is reported. I understand that the center will get Federal funds based on the information I give.   |  |  | | --- | --- | | Print Name |  | | Signature: |  | | Date: | /  / | | SS # | XXX-XX- | |
| Sponsor Agreement #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Total Household Members\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (including foster children, if applicable)  Total Income\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Free\_\_\_\_\_\_\_\_ Reduced\_\_\_\_\_\_\_\_ Paid\_\_\_\_\_\_\_\_\_  Date Determined \_\_\_\_\_\_\_\\_\_\_\_\_\_\_\\_\_\_\_\_\_\_  Signature of  Center Staff\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |