## South Carolina Department of Social Services CACFP Meal Benefit Income Eligibility (Child Care)

Complete one application per household. Please use a pen (not a pencil).

of <b>Household</b>	Child's First Name			MI	Child's La	st Nam	•									Foster Chi	ld Migrant	Runaway	Homeles	ss F
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o any hous	ehold members (including you) currently par	rticipate in o	ne or mo	re of tl	he followi	ng assis	tance pi	rogra	ms: S	NAP, T	ANF (F	l), or F	DPIR?							
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Source of Income for Children						
Sources of Child Income	Examples					
Earnings from work	A child has a regular full or part-time job where they earn a salary or wages					
Social Security - Disability Payments - Survivors Benefits	<ul> <li>A child is blind or disabled and receives Social Security benefits</li> <li>A parent is disabled, retired, or deceased, and their child receives Social Security benefits</li> </ul>					
Income from person outside of household	A friend or extended family member reguarly gives     a child spending money					
Income from any other source	A child receives regular income from a private pension fund, annuity, or trust					

Source of Income for Adults								
Earnings from Work	Public Assistance/Alimony/ Child Support	Pensions/Retirement/ All other sources of income						
Salary, wages, cash bonuses Net income from self-employment (farm or business)  If you are in the U.S. Military: Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances) Allowances for off-base housing, food, and clothing	Unemployment benefits Workers compensation Supplemental Security Income (SSI) Cash assistance from State or local government Alimony payments Child support payments Veterans benefits Strike benefits	Social Security (including railroad retirement and black lung benefits)     Private Pensions or disability benefit Income from trusts or estates     Annuities     Investment income     Earned interest     Rental income     Regular cash payments from outside household						

OPTIONAL Children's Ethnic and Racial Identities (Optional)										
We are required to ask for information about your children's race and e and does not affect your children's eligibility for receiving meals during		nake sure we are fully serving our community. Respond	ing to this section is optional							
Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino										
Race (check one or more): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White										
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, the funds your or care center/provider receives may be impacted. You must include the last four digits the social security number of the adult household member who signs the application last four digits of the social security number is not required when you apply on behall a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Tempa Assistance for Needy Families (TANF) Program or Food Distribution Program on India 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 soc security number. We will use your information to determine the meal reimbursement your child care center/provider. We MAY share your eligibility information with educa health, and nutrition programs to help them evaluate, fund, or determine benefits for programs, auditors for program reviews, and law enforcement officials to help them into violations of program rules.	child employees, and institutions participating in or adn s of disability, age, or reprisal or retaliation for prior ci n. The require alternative means of communication for p lf of Agency (State or local) where they applied for ben Federal Relay Service at (800) 877-8339. Additions ou cial form. To file a program complaint of discrimination, cor cial form. To request a copy of the complaint form, call t for while: U.S. Department of Agriculture Office of the Assistant Secretary for C	b. Department of Agriculture (USDA) civil rights regulations and policies in inistering USDA programs are prohibited from discriminating based or vil rights activity in any program or activity conducted or funded by US rogram information (e.g. Braille, large print, audiotape, American Sign efits. Individuals who are deaf, hard of hearing or have speech disabilitially, program information may be made available in languages other the implete the USDA Program Discrimination Complaint Form, (AD-3027) for infice, or write a letter addressed to USDA and provide in the letter all (e. 1866) 632-9992. Submit your completed form or letter to USDA by:  FAX: (202) 690-7442; or EMAIL: program.intake@usda.gov.  This institution is an equal opportunity provider.	on race, color, national origin, sex, SDA. Persons with disabilities who Language, etc.), should contact the ities may contact USDA through the han English.							
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Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12										
Total Income    How often?	Household size  Categorial Eligibility	Eligibility  Free Reduced Paid  For Child Care Homes Only:	: Tier I Tier II							
Determining Official's Signature Date	Confirming Official's Signature	Date								

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