Part 1. All Household Members - Name of Enrolled Adult(s):		
Names of Adult Participants (First, Middle Initial, Last)	DATE OF BIRTH (MM/DD/Y	CHECK IF NO INCOME

Part 2. Benefits: If any member of your household received SNAP, FDPIR, State or SSI, provide the name and case number for the person who receives benefits. If no one receives these benefits, skip to part 3.

NAME: **CASE NUMBER:**

Part 3. Total Household Gross Income (income before any deductions) You must tell us how much and how often

A. Name (List all people living in the household, including spouse and/or children)	B. Gross income and how often it was received: identify weekly, every other week, monthly,			
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA	4. All Other Income
	how much/how often	how much/how often	how much/how often	how much/how
	$ /	$ /	$ /	$ /
	$ /	$ /	$ /	$ /
	$ /	$ /	$ /	$ /
	$ /	$ /	$ /	$ /

Part 4. Signature and Last Four Digits of Social Security Number: A responsible adult must sign this form. If Part 3 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or write the word None if the signer doesn't have a Social Security Number. (See Privacy Act Statement on the back of this page.)

I certify that all information on this form is true and that all income is reported. I understand that the center will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.

Sign here: _____ Print name: _____ Date:

Address: _____ Phone Number: _____

City: _____ State: _____ Zip Code: _____

Last four digits of Social Security Number: _* _* _* - _* _* -__If no SSN, write the word "None." _____

Part 5. Participant's ethnic and racial identities (optional):

Mark one ethnic identity:	Mark one or more racial identities:
☐ Hispanic or Latino ☐ Not Hispanic or Latino	☐Asian ☐American Indian or Alaska Native ☐White ☐Native Hawaiian or Other Pacific Islander ☐ Black or African American

Don't fill out this part. This is for official use only:

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income: _____ Per: ☐ Week, ☐ Every 2 Weeks, ☐ Twice A Month, ☐ Month, ☐ Year Household size:

Categorical/Income Eligibility: Free ☐ Reduced ☐ Paid ☐

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____