



INSTRUCTIONS FOR COMPLETING THE CACFP
MEAL BENEFIT INCOME ELIGIBILITY FORM (ADULT DAY CARE)

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Follow these instructions if your household gets SNAP, FDPIR, SSI or Medicaid:

Part 1: List only the adult participants' names.

Part 2: List the case number for any household member receiving [State SNAP], [FDPIR], [SSI], or [Medicaid] benefits.

Part 3: Skip this part.

Part 4: Sign the form. The last four digits of a Social Security Number are **not** necessary.

Part 5: Answer this question if you choose.

Part 6: Skip this part.

ALL OTHER HOUSEHOLDS, follow these instructions:

Part 1: List only the adult participants' names. For any participant with no income, you must check the "No Income" Box.

Part 2: Skip this part.

Part 3: Follow these instructions to report total household income from this month or last month.

Column A – Name: List the first and last name of the adult participant, his or her spouse and his or her dependent(s) living in your household who share income and expenses.

Column B – Gross Income and How Often it was Received: For each **household member who is the participant, his or her spouse, or a dependent of the participant**, list each type of income received for the month. You must tell us how often the money is received – weekly, every other week, twice a month, or monthly. If no income, please write a zero.

Box 1: List the **gross income**, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your stub or your boss can tell you.

Box 2: List the amount each person got from the month from welfare, child support, alimony.

Box 3: List retirement, Social Security, Veteran's (VA) benefits, disability benefits.

Box 4: List ALL OTHER INCOME SOURCES including Worker's Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, and any other income. For ONLY the self-employed, report income after expenses in Box 1. Box 4 is for your business, farm or rental property. Do not include income from SNAP or FDPIR. If you are in the Military Housing Privatization Initiative or get combat pay, do not include this housing allowance as income.

Part 4: Adult household member must sign the form and list the last four digits of the Social Security Number or mark the box if s/he doesn't have one.

Part 5: Answer this question if you choose.

Part 6: Sign here if you choose not to provide information about your household size and income.

Privacy Act Statement: This explains how we will use the information you give us.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.