



Chittenango Child Care Center, Inc.

208 Tuscarora Road
Chittenango, NY 13037
Telephone: (315) 687-7962
Fax: (315) 687-7652

www.chittenangochildcarecenter.com

Welcome to Chittenango Child Care Center!

This center participates in the Child and Adult Care Food Program (CACFP) and serves nutritious meals and snacks each day. The information requested on the attached Income Eligibility Form for Child Care Centers determines how much reimbursement this center will receive from CACFP for these meals and snacks, based on the United States Department of Agriculture (USDA) family income criteria.

Please complete the form promptly so our center can maximize its reimbursement for meals and snacks. All information on the form will be confidential and used only for the purpose of determining CACFP reimbursements for meals and snacks served at this center. One form needs to be completed for each household every year. Return completed form to the office.

Instructions: Each household should list the enrolled children at the top with first and last names.

Section A is used if you receive assistance or have any foster children. Sign and date in Section A box and hand it into the office.

Section B is for households to list members other than enrolled children and any income. If you chose not to list your income, please Sign and print your name at the bottom of the box along with the date and the last four digits of your Social Security number. Your child can still be counted in our attendance.

Thank you for your participation.

Lori Potter, Director

Chittenango Child Care Center, Inc.

See INSTRUCTIONS on reverse.

DAY CARE CENTER NAME: _____

Print the name of the child(ren) enrolled in Day Care:

1. _____ 2. _____ 3. _____

DIRECTIONS:

Complete SECTION A if your household:

1. Receives Temporary Assistance to Needy Families (TANF)
2. Receives Food Stamps
3. Participates in the Food Distribution Program on Indian Reservations (FDPIR)
4. Currently has a foster child enrolled in day care

Complete SECTION B if Section A does not apply:

Sign, date and indicate the Social Security number of the adult signing the certification and return the completed form to the day care center.

SECTION A	SECTION B															
<p>TANF Number _____</p> <p>Food Stamp Case Number _____</p> <p>FDPIR Number _____</p> <p>Foster Child's Name _____</p> <p>Foster Child's Personal Monthly Income \$ _____</p> <p>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.</p> <p>I certify that the above information is true and correct and that all income is reported. I understand this information is being given for the receipt of Federal funds, that officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.</p> <p>Signature: _____</p> <p>Date: _____</p>	<p>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, welfare payments, child support and any other sources of income.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">Name of Household Members</th> <th style="width: 30%;">Monthly Gross Income</th> </tr> </thead> <tbody> <tr><td>1. _____</td><td>\$ _____</td></tr> <tr><td>2. _____</td><td>\$ _____</td></tr> <tr><td>3. _____</td><td>\$ _____</td></tr> <tr><td>4. _____</td><td>\$ _____</td></tr> <tr><td>5. _____</td><td>\$ _____</td></tr> <tr><td>6. _____</td><td>\$ _____</td></tr> </tbody> </table> <p>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.</p> <p>I certify that the above information is true and correct and that all income is reported. I understand this information is being given for the receipt of Federal funds, that officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.</p> <p>Signature: _____</p> <p>Print Name: _____</p> <p>SS# _____ Date: _____</p>		Name of Household Members	Monthly Gross Income	1. _____	\$ _____	2. _____	\$ _____	3. _____	\$ _____	4. _____	\$ _____	5. _____	\$ _____	6. _____	\$ _____
Name of Household Members	Monthly Gross Income															
1. _____	\$ _____															
2. _____	\$ _____															
3. _____	\$ _____															
4. _____	\$ _____															
5. _____	\$ _____															
6. _____	\$ _____															
<p>FOR SPONSOR USE ONLY</p> <p>Sponsor Agreement Number _____</p> <p>Total Household Members _____</p> <p>Total Income \$ _____</p> <p>Free _____ Reduced _____ Paid _____</p> <p>Signature of Determining Official _____</p> <p>Date Determined ____/____/____</p>																