

Dropped Date: _____ Re-Entered Date: _____ Transferred Date: _____

CACFP 106 (Rev. 06-16)
FY 2017 FRPM Application

**CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
MEAL BENEFIT INCOME ELIGIBILITY FORM**

FREE AND REDUCED PRICE MEAL (FRPM) APPLICATION FORM (October 1, 2016 – September 30, 2017)

INSTITUTION NAME: _____ FACILITY NAME: _____

PART 1. CHILD OR ADULT ENROLLED TO RECEIVE DAY CARE (USE A SEPARATE APPLICATION FOR EACH PARTICIPANT)

Print Name of Participant:	(First, Middle Initial, Last)	Age	DOB (mm/dd/yy)
Foster Child?	Yes _____	No: _____	If participant is in Foster Care, Eligibility is FREE. Enter Foster Child's Personal Income Earned in Part 2, Section 4 (If applicable)
Enter CID # for Child or Adult Care, if applicable:			
Enter FITAP or FDPPIR # for Child or Adult Care, if applicable:			
Enter SSI/Medicaid # for Adult Day Care Only			

PART 2. Total Household Gross Income
If you listed a CID/FITAP/FDPPIR/SSI/Medicaid case # above, Eligibility is FREE (Skip PART 2.)

A. Name (List everyone in household, including child listed above)	B. Gross income and how often it was received Examples: \$100 / monthly \$100 / twice a month \$100 / every two weeks \$100 / weekly				C. Check if NO Income
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Social Security, pensions, retirement	4. All Other Income	
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>

PART 3: USDA Supplemental Annual Enrollment Information: (This section must be completed annually by an adult household member for all children enrolled at Child Care Centers participating in the USDA Child and Adult Care Food Program.)

Expected Days of participation: _____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

Expected Hours of participation: From _____ To _____ or Before School: From _____ To _____ Afterschool: From _____ To _____

Expected Meal participation: _____ Breakfast _____ Lunch _____ Snack

PART 4. Adult Signature, Social Security Number, and Contact Information
An adult household member must sign this form. If Part 3 is completed, the adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on page 2.)
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: _____
Social Security Number: XXX-XX-____ I do not have a Social Security Number

Part 5. Participant's ethnic and racial identities (optional)
Mark one ethnic identity: Hispanic or Latino Not Hispanic or Latino Mark one or more racial identities: Asian White Black or African American American Indian or Alaskan Native Native Hawaiian or Other Pacific Islander

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: Month, Twice a month, Every two weeks, Week, Year Household size: _____

Eligibility Determination: _____ Free CID(Food Stamp)/FITAP/FDPPIR/SSI/Medicaid Eligible _____ Reduced _____ Above/ Paid

Extended Categorical Eligibility Validation Attached _____ YES _____ NO

Determining Official's Signature: _____ Date: _____

The Sponsor/Institution Determining Official will utilize this CACFP 108 (Standards of Eligibility) to confirm participant's eligibility status as Free, Reduced, or Above.

Effective July 1, 2016 to June 30, 2017

Free Price Meal Eligibility:						
Households with incomes less than or equal to these levels are eligible for <u>free price meals</u> .	Household Size	Yearly	Monthly	Twice Per Month	Every Two Weeks	Weekly
	1	\$15,444	\$1,287	\$644	\$594	\$297
	2	\$20,826	\$1,736	\$868	\$801	\$4019
	3	\$26,208	\$2,184	\$1,092	\$1,008	\$504
	4	\$31,590	\$2,633	\$1,317	\$1,215	\$6087
	5	\$36,972	\$3,081	\$1,541	\$1,422	\$711
	6	\$42,354	\$3,530	\$1,765	\$1,629	\$815
	7	\$47,749	\$3,980	\$1,990	\$1,837	\$919
	8	\$53,157	\$4,430	\$2,215	\$2,045	\$1,023
Each additional family member add	+ \$5,408	+ \$451	+ \$226	+ \$208	+ \$104	
Reduced Price Meal Eligibility:						
Households with incomes less than or equal to these levels are eligible for <u>reduced price meals</u> .	Household Size	Yearly	Monthly	Twice Per Month	Every Two Weeks	Weekly
	1	\$21,978	\$1,832	\$916	\$846	\$423
	2	\$29,637	\$2,470	\$1,235	\$1,140	\$570
	3	\$37,296	\$3,108	\$1,554	\$1,435	\$718
	4	\$44,955	\$3,747	\$1,874	\$1,730	\$865
	5	\$52,614	\$4,385	\$2,193	\$2,024	\$1,012
	6	\$60,273	\$5,023	\$2,512	\$2,319	\$1,160
	7	\$67,951	\$5,663	\$2,832	\$2,614	\$1,307
	8	\$75,647	\$6,304	\$3,152	\$2,910	\$1,455
Each additional family member add	+ \$7,696	+ \$642	+ \$321	+ \$296	+ \$148	