

INSTRUCTIONS FOR COMPLETING THE CACFP  
APPLICATION FOR FREE AND REDUCED PRICE MEALS (Child Care)

Follow these instructions, if your **household gets SNAP OR TANF**:

Part 1: List all household members and birth dates for children.

Part 2: List the case number for any household member (including adults) receiving Food Stamps or TANF.

Part 3: Skip this part.

Part 4: Skip this part.

Part 5: Sign the form and enter the contact information. The last four digits of a Social Security Number are not necessary.

Part 6: Sign this part if you do not want your application information shared with Medicaid or Hoosier Healthwise.

Part 7: Answer this question if you choose.

**If you are applying on behalf of a FOSTER CHILD, follow these instructions:**

If all children you are applying for are foster children, or if you are only applying for benefits for the foster child:

**Part 1:** List all foster children. Check the box indicating that the child is a foster child.

**Part 2:** Skip this part.

**Part 3:** Skip this part.

**Part 4:** Skip this part.

**Part 5:** Sign the form and complete the contact information. A Social Security Number is not necessary.

**Part 6:** Sign this part if you do not want your application information shared with Medicaid or Hoosier Healthwise.

**Part 7:** Answer this question if you choose.

**If some of the children in the household are foster children.**

**Part 1:** List all household members. For any person, including children, with no income, you must check the "No Income Box." Check the box if the child is a foster child.

**Part 2:** If the household does not have a case number, skip this part.

**Part 3:** If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call [sponsor contact and phone number]. If not, skip this part.

**Part 4:** Follow these instructions to report total household income from this month or last month:

**Section A – Name:** List only the first and last name of **each** person living in your household with income, related or not (such as grandparents, other relatives, or friends who live with you). Include yourself and all children living with you. Attach another sheet of paper if you need to.

**Section B – Gross Income and How Often it was Received:** for each household member, 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.

In 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.

In Box 2 - list the amount each person got from the month from welfare, child support, alimony.

In Box 3 - list retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits.

In 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, under *Earnings From Work*, report income after expenses. This is for your business, farm or rental property. Do not include income from SNAP, FDPIR, WIC or Federal education benefits. If you are in the Military Housing Privatization Initiative or get combat pay, do not include this housing allowance as income.

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**Part 5:** Adult household member must sign the form, complete the information, and list the last four digits of the Social Security Number or mark the box if s/he doesn't have one.

**Part 6:** Sign this part if you do not want your application information shared with Medicaid or Hoosier Healthwise.

**Part 7:** Answer this question if you choose.

**ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:**

**Part 1:** List all household members. For any person, including children, with no income, you must check the "No Income Box."

**Part 2:** Skip this part.

**Part 3:** Skip this part.

**Part 4:** Follow these instructions to report total household income from this month or last month:

**Section A—Name:** List only the first and last name of each person living in your household with income, related or not (such as grandparents, other relatives, or friends who live with you). Include yourself and all children living with you. Attach another sheet of paper if you need to.

**Section B – Gross Income and How Often it was Received:** for each household member, 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.

In 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.

In Box 2 - list the amount each person got from the month from welfare, child support, alimony.

In Box 3 - list retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits.

In 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, under *Earnings From Work*, report income after expenses. This is for your business, farm or rental property. Do not include income from SNAP, FDPIR, WIC or Federal education benefits. If you are in the Military Housing Privatization Initiative or get combat pay, do not include this housing allowance as income.

**Part 5:** An adult household member must sign the form, complete the information, and list the last four digits of his or her Social Security Number, or mark the box if he or she doesn't have one.

**Part 6:** Sign this part if you do not want your application information shared with Medicaid or Hoosier Healthwise.

**Part 7:** Answer this question if you choose.

**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.

*This institution is an equal opportunity provider.*