

Child and Adult Care Food Program Income Eligibility Guidance for Child Care Centers



July 1, 2025 – June 30, 2026



Community Food and Nutrition Assistance
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<http://health.mo.gov/cacfp>

CACFP@health.mo.gov

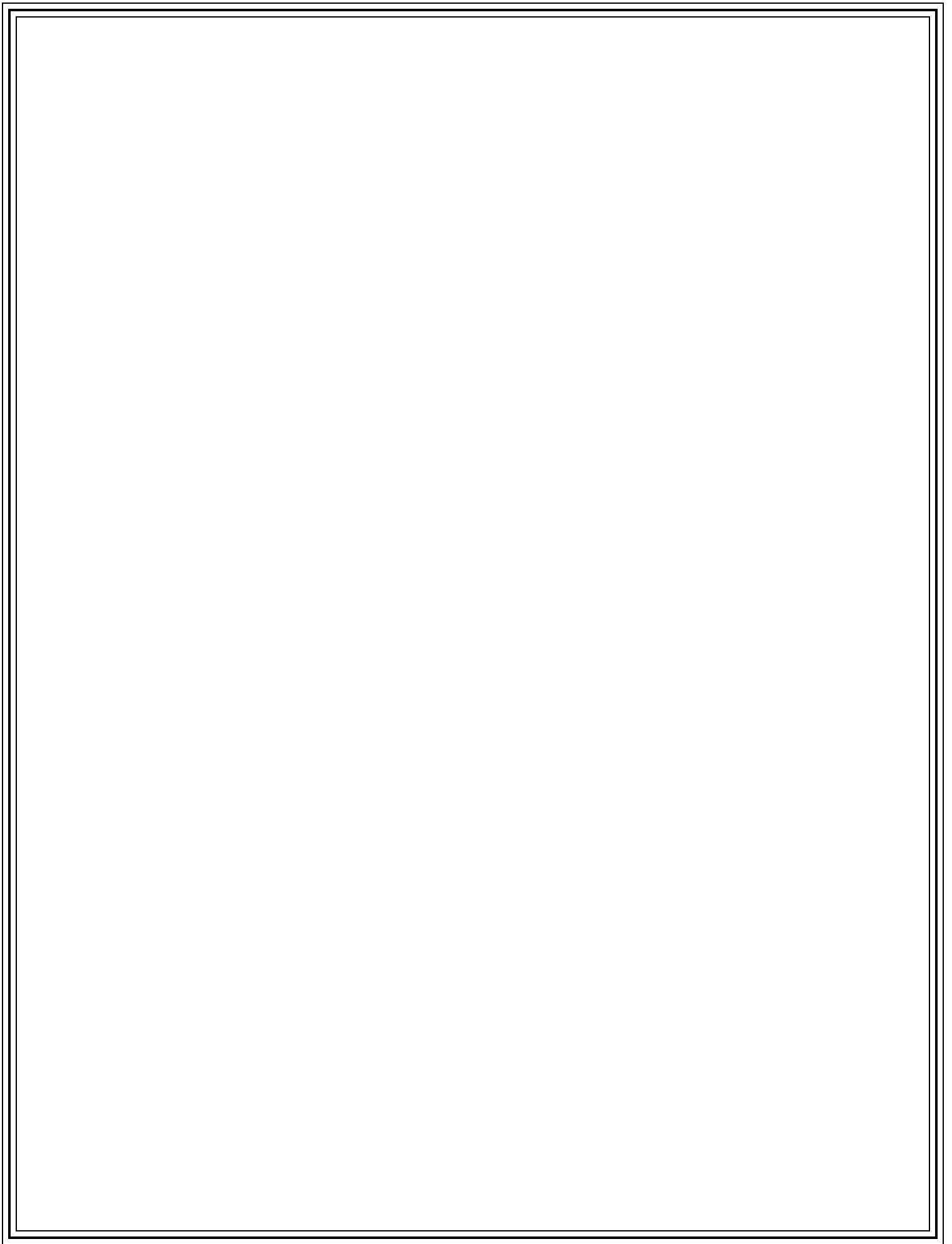


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To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, [AD-3027](#), found online at How to File a Program Discrimination

Complaint and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. **Mail:** U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Mail Stop 9410, Washington, D.C. 20250-9410;
2. **Fax:** (202) 690-7442; or
3. **Email:** program.intake@usda.gov.

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Income Eligibility

Meal reimbursement to child care centers is based upon the claiming category of each child participating at the center. The claiming category is determined by obtaining family size and household income data from parents or legal guardians of the child(ren) and comparing this information to the income eligibility guidelines. Based on the income eligibility guidelines, the child is classified as eligible for the free, reduced, or paid meal-claiming category.

Income information that is obtained from the parent or guardian of enrolled children is critical to your center's participation in the Child and Adult Care Food Program (CACFP). Every year, parents or guardians must be given the current **Parent Letter** and the **Income Eligibility Form (IEF)** to complete; however, completion of an IEF is not required. It is recommended that these two items be included in the center's enrollment packet. These documents are available on the CACFP website: <http://health.mo.gov/cacfp/manuals.php>.

The IEF, also called the Meal Benefit Form, is translated into 33 languages and is available at <https://www.fns.usda.gov/cacfp/english-meal-benefit-income-eligibility-form>.

IEF income information is confidential! It must be kept in a secure location.

Parent or Guardian Letter

The sample parent letter provides the required information about CACFP and instructions for completing the IEF.

Remember: The parent is not required to complete the IEF. If an enrolled participant has not completed the IEF, the child must be claimed in the **paid** meal category.

This letter is updated for each claim year, July 1 through June 30. Be sure to use the most current parent letter with the IEF.



Notes

**Child and Adult Care Food Program
Parent Letter – Non-Pricing Child Care Centers
July 1, 2025 through June 30, 2026**

Dear Parent or Legal Guardian:

Our center is currently participating in the Child and Adult Care Food Program. This program reimburses the center for the partial cost of meals provided to children and allows the center to provide nutritious meals without increasing the center's fees to you. If your yearly income is equal to or below the amount listed for your family size on the chart below, your child is eligible for free or reduced-price meals. If the income is higher than the amount listed for your family size, you do not need to complete the income application.

| Family Size | Yearly Income | Family Size | Yearly Income |
|--------------------|----------------------|--------------------|----------------------|
| 1 | \$28,953 | 5 | \$69,653 |
| 2 | \$39,128 | 6 | \$79,828 |
| 3 | \$49,303 | 7 | \$90,003 |
| 4 | \$59,478 | 8 | \$100,178 |

For each additional family member, add \$10,175

To apply for free or reduced-price meal benefits for your children, you must complete the attached Income Eligibility Form (IEF). Your application for free or reduced-price meal benefits cannot be approved unless the attached application is completed according to the directions provided; however, you are not required to complete the IEF. Notify the center should the household income decrease and/or if the household size increases. A participant may be eligible for free or reduced-price meals. The application is valid until the last day of the month in which the form was approved/dated/signed one year earlier.

Sincerely,

Center Owner/Director

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Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should

contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
Program.Intake@usda.gov

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MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
COMMUNITY FOOD AND NUTRITION ASSISTANCE (CFNA)
CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
INCOME ELIGIBILITY FORM FOR CHILD CARE CENTERS

To apply for free or reduced-price meal eligibility benefits for your child(ren), please fill out this form and return it to the child care center.

PART 1: CHILDREN ENROLLED AT THE CHILD CARE CENTER

Complete information below for children enrolled at the center. If child(ren) are receiving Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamp) or Temporary Assistance (formerly AFDC, now funded by TANF), complete Parts 1, 3, and 4 only. Complete Parts 1, 2, 3, and 4 if you did not provide a SNAP case number or Temporary Assistance case number **for all of the children listed in Part 1.**

| NAME (first and last) | FOSTER CHILD | BIRTH DATE | SNAP CASE NUMBER | TEMPORARY ASSISTANCE CASE NUMBER |
|-----------------------|--------------|------------|------------------|----------------------------------|
| | | / / | | |
| | | / / | | |
| | | / / | | |
| | | / / | | |

PART 2: HOUSEHOLD AND INCOME INFORMATION

List all members of the household not including the children listed in Part 1. Indicate source and amount of current monthly gross income for all members of the household before deductions, such as taxes and social security. Where there are wage earners and self-employed adults, the income of the wage earner cannot be offset by the business losses of the self-employed adult. If last month's income does not accurately reflect your circumstances, you may provide a projection of your current annual income. Irregular self-employed income may be averaged over the prior 12 months. Foster children may be eligible regardless of household income. Contact the center for more information.

INCOME BASED ON (CHECK ONE) ☐ YEARLY ☐ MONTHLY ☐ 2 X A MONTH ☐ EVERY 2 WEEKS ☐ WEEKLY

| HOUSEHOLD MEMBERS | GROSS WAGES | WELFARE, CHILD SUPPORT, ALIMONY | PENSIONS, RETIREMENT, SOCIAL SECURITY | OTHER |
|-------------------|-------------|---------------------------------|---------------------------------------|-------|
| | | | | |
| | | | | |
| | | | | |

PART 3: RACIAL ETHNIC INFORMATION (You are not required to answer this section)

Are you of Hispanic or Latino origin? ☐ YES ☐ NO

What is your race? (Select one or more)

| | | | | |
|----------------------------------|--------------------------|---------------------------|---|--------------------------|
| AMERICAN INDIAN OR ALASKA NATIVE | ASIAN | BLACK OR AFRICAN AMERICAN | NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER | WHITE |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

PART 4: SIGNATURE

I hereby certify that all information provided is correct. I understand that this information is being given in connection with the receipt of federal funds, that institution officials may verify information, and that deliberate misrepresentation may subject me to prosecution under applicable state and federal laws.

| | | |
|----------------------------------|--|-----------------------|
| SIGNATURE OF ADULT FAMILY MEMBER | SOCIAL SECURITY NUMBER (LAST 4 DIGITS ONLY) XXX-XX- | DATE / / |
| PRINTED NAME OF ADULT | ADDRESS | PHONE NUMBER () - |

Section 9 of the National School Lunch Act requires that, unless your children's SNAP or Temporary Assistance case number is provided, you must include the last four digits of a social security number of the adult household member signing the application or indicate that the household member signing the application does not possess a social security number. Provision of the last four digits of a social security number is not mandatory, but if the last four digits of a social security number are not provided or an indication is not made that the signer has none, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the accuracy of information stated on the application. These verification efforts may be carried out through program reviews and investigations, and may include contacting employers to determine income, contacting a SNAP or welfare office to determine current certification for receipt of SNAP or Temporary Assistance benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to provide the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported.

FOR CENTER USE ONLY

| | | | | |
|-----------------------|---------|---|--------------------------|--------------------------|
| TOTAL HOUSEHOLD SIZE: | INCOME: | INCOME BASED ON (CHECK ONE): | SNAP (Food Stamp) | TEMPORARY ASSISTANCE |
| | | YEAR MONTH 2 X A MONTH EVERY 2 WEEKS WEEKLY | <input type="checkbox"/> | <input type="checkbox"/> |

Eligibility Determination: ☐ Free ☐ Reduced ☐ Paid

| | |
|------------------------------------|------|
| SIGNATURE OF CENTER REPRESENTATIVE | DATE |
|------------------------------------|------|

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To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, [AD-3027](#), found online at How to File a Program Discrimination Complaint and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. **Mail:** U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Mail Stop 9410, Washington, D.C. 20250-9410;
2. **Fax:** (202) 690-7442; or
3. **Email:** program.intake@usda.gov.

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**Child and Adult Care Food Program
Income Eligibility Guidelines
July 1, 2025 – June 30, 2026**

Reduced-Price Meals – 185%

Free Meals – 130%

| Household Size | Yearly | Monthly | Twice a Month | Every 2 Weeks | Weekly | | Household Size | Yearly | Monthly | Twice a Month | Every 2 Weeks | Weekly |
|--|----------------|--------------|---------------|---------------|--------------|--|--|---------------|--------------|---------------|---------------|--------------|
| 1 | 28,953 | 2,413 | 1,207 | 1,114 | 557 | | 1 | 20,345 | 1,696 | 848 | 783 | 392 |
| 2 | 39,128 | 3,261 | 1,631 | 1,505 | 753 | | 2 | 27,495 | 2,292 | 1,146 | 1,058 | 529 |
| 3 | 49,303 | 4,109 | 2,055 | 1,897 | 949 | | 3 | 34,645 | 2,888 | 1,444 | 1,333 | 667 |
| 4 | 59,478 | 4,957 | 2,479 | 2,288 | 1,144 | | 4 | 41,795 | 3,483 | 1,742 | 1,608 | 804 |
| 5 | 69,653 | 5,805 | 2,903 | 2,679 | 1,340 | | 5 | 48,945 | 4,079 | 2,040 | 1,883 | 942 |
| 6 | 79,828 | 6,653 | 3,327 | 3,071 | 1,536 | | 6 | 56,095 | 4,675 | 2,338 | 2,158 | 1,079 |
| 7 | 90,003 | 7,501 | 3,751 | 3,462 | 1,731 | | 7 | 63,245 | 5,271 | 2,636 | 2,433 | 1,217 |
| 8 | 100,178 | 8,349 | 4,175 | 3,853 | 1,927 | | 8 | 70,395 | 5,867 | 2,934 | 2,708 | 1,354 |
| For each additional family member, add: | 10,175 | 848 | 424 | 392 | 196 | | For each additional family member, add: | 7,150 | 596 | 298 | 275 | 138 |

Note: Only provide the income guidelines for reduced-price meals to the parents. The reduced-price yearly income guidelines are included on the Parent Letter.

Using the Income Eligibility Guidelines

The income eligibility guidelines are used to categorize the household income reported on the IEF into either the free, reduced-price, or paid meal category.

For example:

- If the monthly income for a family of two is \$2,292 or less, the center would claim the participant at the free rate.
- If the household income for a family of two is between \$2,292 and \$3,261 per month, the center would claim the participant at the reduced-price meal rate.
- If the household income for a family of two is \$3,262 or more per month, the center would claim the participant at the paid meal rate.

Notes

Income Eligibility Determinations

Meal reimbursement rates are based on household size and income noted on each Income Eligibility Form (IEF) compared to the current Income Eligibility Guidelines. The three meal reimbursement rates (categories) are free, reduced-price, and paid and are determined as a percentage of the poverty guidelines.

An IEF must be on file at the center for **each** child claimed for free and reduced-price meals. If a parent or legal guardian does not choose to complete the IEF, then the child **must** be claimed in the paid category.

Income information must be kept confidential.

All IEFs must be kept for three federal fiscal years plus the current contract year after the date the final claim for the fiscal year was submitted. If audit findings have not been resolved, the IEF must be kept as long as necessary to resolve the issues raised by the audit.

Title XX

Family Support Division (Title XX) children must have a completed IEF on file. These “state pay” children are not automatically classified as free or reduced. Any child that does not have a completed IEF in addition to the Title XX documentation must be claimed in the paid meal category.

Effective Dates

Child care centers have flexibility concerning the effective date of certification for program benefits. For the purposes of non-school institutions, the date to be used to make this determination may be either the date the parent or guardian signed the IEF or the date on which the center representative signs the form to certify the eligibility of the child. However, if the date of the parent/guardian's signature is not within the month of certification or the immediately preceding month, the effective date must be the date the center representative signs the form. Child care centers must decide which date they will rely on as the effective date and apply this date consistently to all IEFs received.

- The IEF should be considered current and valid until the last day of the month in which the form was approved, signed, and dated by the center representative one year earlier. This means an IEF that was approved on September 12, 2024 is valid until the last day of September 2025. A new IEF must be completed by the parent or guardian in the “anniversary” month each year. Reuse of an expired IEF or use of correction fluid or other means to alter the IEF will invalidate the form.
- Centers may not re-evaluate old IEFs when new income guidelines are issued in July. In addition, the center may not request that a new IEF be completed sooner than the one-year anniversary. *The only exception is if the child is*

currently approved in the paid or reduced-price meal category and the household income is reduced, or the household size increases. It may benefit the center to request that another IEF be completed since the household may be approved for a different meal reimbursement rate.

- **The Child Nutrition and WIC Reauthorization Act of 2004** (Public Law 108-265) modified requirements relating to reporting changes in income during the period of eligibility covered by the application. Households are not required to report changes in circumstances, such as increases in income, decreases in household size, or when the household is no longer certified eligible for benefits with the Supplemental Nutrition Assistance Program (SNAP [formerly Food Stamps]) or Temporary Assistance for Needy Families (TANF). Once a household is approved for free or reduced-price meal reimbursement, the household remains eligible for a period not to exceed 12 months, regardless of a change in household income.
- If the parent or guardian completes the IEF before the actual date of enrollment for care, the center should collect a new IEF from the parent or guardian if more than two months have lapsed. For example, Johnny Jones' parents completed the IEF in January 2025. However, Johnny did not enroll and start attending the center until May 2025. A new IEF must be completed for Johnny at the time he actually started attending the center since more than two months lapsed between the completion of the form and the actual enrollment date.

The center representative must review, sign, and date the IEF as soon as it is received from the parent. Failure to do so may result in the reclassification of the child from the free or reduced category to the paid category.

Parent Letter

The parent letter and a blank IEF must be given to the parent or guardian. The letter and the instructions outline the required information needed for completing the form. This letter is updated each year. Be sure to use the most current parent letter with the IEF.

Pricing programs (centers that charge a separate fee for meals) do not use this parent letter. For a copy of the pricing letter, contact the Child and Adult Care Food Program (CACFP) office at 800-733-6251.

Income Eligibility Guidelines

The United States Department of Agriculture (USDA) updates the income eligibility guidelines yearly. When reviewing IEFs, use the most current income guidelines.

Once approved for free or reduced-price meal benefits, a child is eligible for those benefits for one full year after the IEF has been signed and dated, regardless of changes in income or household size that may occur throughout the year. Centers may not re-evaluate IEFs when new income guidelines are issued in July of each year. For example, if a parent completes an IEF in January 2025, eligibility will be based on

income guidelines issued in July 2024. When the new income guidelines are issued in July 2025, the center may not re-evaluate the IEF completed in January 2025 using the new income guidelines. The eligibility must continue to be based on the income guidelines in effect at the time the form was initially completed and reviewed.

If, during a monitoring review, it is found that children were incorrectly classified or the IEF has expired, the center will have to pay the money back to the CACFP. Therefore, it is very important that IEFs are reviewed carefully.

Foster Child

A foster child, whose care and placement is the responsibility of the child welfare agency or who is placed by the court with a caretaker household, is eligible for free meal benefits without completing an IEF if the child care center obtains documentation verifying that the child's placement in the household is the responsibility of the state or the court. The eligibility of foster children applies only to children formally placed by the child welfare agency or the court. It does not apply to informal arrangements that may exist outside of the state or the court-based systems.

Households with foster and non-foster children may choose to include the foster child as a household member (as well as any personal income* earned by the foster child) on the same household application that includes their non-foster children. This may help the foster family's non-foster children qualify for free or reduced-price meals based on household size and income. Community Food and Nutrition Assistance (CFNA) will certify the foster child for free meals (with appropriate supporting documentation as described above). They will then make an eligibility determination for the remainder of the household based on the household's income. Foster payments received by the family from the child welfare agency are not considered income and do not need to be reported on the IEF.

* Personal income for foster children is defined as:

Funds that are specified by the welfare agency as being for the personal use of the child. If no funds are specified, the funds received from the welfare agency are not to be considered as income.

Money received in hand from any source. This includes, but is not limited to, funds received from trust accounts, monies provided by the child's family for personal use, and earnings from the child's employment other than occasional or part-time jobs.

Adopted (Foster) Child

If an application is being made for an adopted (foster) child, the child is no longer considered a foster child. The child is considered the child of the adoptive parents as if born to the parents biologically after the adoption is final. The family may continue to receive adoption assistance, but these funds must be listed as part of the household income. An adopted child is not categorically eligible for free reimbursement and must have a completed IEF for the household unit.

Child Living with One Parent, Other Relative(s), or Friends

In cases where no specific welfare agency or court is legally responsible for the child, or where the child is living with one parent, other relative(s), or friends of the family, the child is considered to be a member of the household with whom she/he resides.

Children of divorced or separated parents are generally part of the household that has custody.

Joint Custody

When joint custody has been awarded, and the child physically changes residence, the child is considered part of the household where she/he resides. In these situations, if both parents apply for benefits at the same child care for the child, and different eligibility statuses result, the greatest benefit level is used. For example, if the mother's situation results in eligibility for free meals, but the father's application does not qualify for free or reduced meal rates, the child would receive free meals regardless of which parent had custody at the time.

Meal Reimbursement Rates Information

Meals are reimbursed in child care centers according to the meal category (free, reduced-price, or paid) determined by an accurately completed and approved IEF. The meal reimbursement rates are effective from July 1 through June 30. The reimbursement rates include the value of commodities or "cash-in-lieu of commodities," which facilities receive as additional assistance for each lunch or supper served to participants in the program. The current meal reimbursement rates are located on the CACFP website.

Pricing Programs Only

An institution is operating a pricing program if a separately identifiable charge is made for a meal(s) served to enrolled participants. Federal regulations require that the participant letter contain certain information. A sample letter to the participant for pricing institutions is available upon request from the Missouri Department of Health and Senior Services – Community Food and Nutrition Assistance.

Head Start and Early Head Start

All children enrolled in Head Start, funded by the U.S. Department of Health and Human Services Head Start grant award, are automatically eligible for free meal reimbursement in the Child and Adult Care Food Program (CACFP). This is in accordance with The Improving Head Start for School Readiness Act of 2007 (Public Law 110-134) and the CACFP Memorandum 07-2008. The Head Start agency is not required to collect or maintain on file an Income Eligibility Form (IEF) for children enrolled in Head Start. The Head Start agency must have documentation available to substantiate the child's eligibility for Head Start.

Head Start Children in Private Centers

Children enrolled in Head Start but placed in contracted Head Start and independent child care centers are automatically eligible for free meals. The independent center must obtain an official list of Head Start children from the Head Start administrative office and use that list as documentation of automatic eligibility.

Even Start Programs Only

Children participating in an Even Start Family Literacy Program are categorically eligible for free meal benefits. This means they can be claimed for free meal benefits without obtaining household income documentation from the parent(s) or guardian(s) of the child. In order for the Even Start child to be eligible for free meals, however, the following criteria must be met:

- The school or institution that is providing the child with Even Start services must be participating in the CACFP.
- The child must be enrolled as a participant in a federally-funded Even Start Family Literacy Program.
- The child must be at the pre-kindergarten level. Once a child has entered kindergarten, that child loses his or her categorical eligibility for free meals. Also, categorical eligibility does not apply to other family members.

To establish categorical eligibility for Even Start children, the child care facility must document the child's participation in the federally-funded Even Start Program. Documentation can include:

- An approved Even Start application for the child's family; or
- A statement of enrollment in Even Start; or
- A roster of the children participating in Even Start.

Confirmation that the child has not yet entered kindergarten must also be included in the documentation from the Even Start official.

When a child is no longer eligible for free meals under the Even Start Program, the child's family must be given the opportunity to apply for free and reduced-price meals using the application materials and IEF provided in this packet. The child care facility is responsible for providing the family with instructions on how to apply for free or reduced-price meal benefits.

Parent Instructions for Income Eligibility Form (IEF)

Parts 1, 2, and 4 of the IEF are required to be completed, except if SNAP or TANF benefits are documented, then only Parts 1 and 4 are required.

PART 1: CHILDREN ENROLLED AT THE CHILD CARE CENTER

- List all children (first and last name) enrolled in the child care center.
- If you are applying for a foster child, the foster child is eligible for free meals, provided third-party documentation is provided to the center. Mark an X in the space provided, if a foster child is listed in Part 1.
- List each enrolled child's complete date of birth (month/day/year).
- If your child receives Supplemental Nutrition Assistance Program (SNAP) benefits or Temporary Assistance for Needy Families (TANF) payments, please indicate the appropriate case number in the spaces provided and sign the form. Do not use the number on your card. You do not need to complete Part 2.
- If you have a SNAP or TANF case number for at least one of your children enrolled at the center, the eligibility extends to all of your children enrolled at the center. Skip Part 2.

PART 2: HOUSEHOLD AND INCOME INFORMATION

- Report income by payment cycle (i.e., weekly, monthly, etc.) for each household member.
- List other household members not included in Part 1. A household is a group of related or unrelated individuals who are living as one economic unit (i.e., sharing living expenses). Note: A foster child may be added to increase household size, if applicable.
- Report gross wages in the space provided. This includes all income before taxes and before other deductions.
- Income exclusions not to be reported or counted include:
 - Payments received for the care of foster children.
 - Student financial assistance provided for the costs of attendance at an educational institution, such as grants and scholarships.
 - Bank or student loans, since these funds are only temporarily available and must be repaid.
- Report welfare, child support, alimony, pensions, retirement, social security, and other income in the space provided, if applicable.

PART 3: RACIAL ETHNIC INFORMATION – Completion is voluntary

PART 4: SIGNATURE

- Sign the form.
- For the IEF to be valid, you must provide the last four digits of your social security number, unless your child(ren) is a SNAP or TANF recipient. If you do not have a social security number, write “none” in the space provided.
- Date the form.
- Print your full name.
- Print your complete mailing address.
- Provide your phone number.

NOTE: The adult household member completing the IEF must attest to the fact that the information provided is correct, that it is being given in connection with the receipt of federal funds, that institution officials may verify information, and that deliberate misrepresentation may subject the individual to prosecution under applicable state and federal laws.

Center Instructions for Reviewing Income Eligibility Form (IEF)

- Each parent or guardian shall be given the parent letter and an IEF on a yearly basis. If the parent does not return the completed form, the child shall be classified as paid.
- The center representative shall review the IEF to determine if all Parts (1-4) of the application have been completed. The application is not valid if not fully completed by the parent or guardian.
- The center representative must ensure that the first and last name and the birth date of the child(ren) enrolled at the center are listed on the IEF.
- A foster child, whose care and placement is the responsibility of the child welfare agency or who is placed by the court with a caretaker household, is eligible for free meal benefits without completing an IEF if the child care center obtains documentation verifying that the child's placement in the household is the responsibility of the state or the court. The eligibility of foster children applies only to children formally placed by the child welfare agency or the court. It does not apply to informal arrangements that may exist outside of the state or the court-based systems.
- Households with foster and non-foster children may choose to include the foster child as a household member (as well as any personal income* earned by the foster child) on the same household application that includes their non-foster children. This may help the foster family's non-foster children qualify for free or reduced-price meals based on household size and income. Community Food and Nutrition Assistance (CFNA) will certify the foster child for free meals (with appropriate supporting documentation as described above). They will then make an eligibility determination for the remainder of the household based on the household's income. Foster payments received by the family from the child welfare agency are not considered income and do not need to be reported on the IEF.

*Personal income for foster children is defined as:

Funds that the welfare agency specifies as being for the personal use of the child. If no funds are specified, the funds received from the welfare agency are not to be considered as income.

Money received in hand from any source. This includes, but is not limited to, funds received from trust accounts, monies provided by the child's family for personal use, and earnings from the child's employment other than occasional or part-time jobs.

- A child who is not legally designated as a foster child by virtue of not being an official ward of the court and/or the welfare agency does not qualify as a "foster child" for the purposes of the Child and Adult Care Food Program (CACFP) (i.e., adopted foster child). Such children are considered part of the entire family economic unit for the purpose of determining eligibility in the CACFP.
- If the parent or guardian checks that the child(ren) is receiving SNAP (formerly Food Stamps) or Temporary Assistance for Needy Families (formerly AFDC, now funded by TANF) and enters the SNAP or Temporary Assistance case number, the child(ren) are automatically eligible for free meals. The parent does not need to complete Part 2.
 - SNAP numbers have the following characteristics: FS-xxx-xxxxxxx*. The three-digit portion is a county code.
 - Temporary Assistance numbers have the following characteristics: C-xxx-xxxxxxx*. The three-digit portion is a county code.
 - At a minimum, the eight-digit portion of the case number must be provided on the IEF for the child to be automatically eligible for free meals. If the full eight-digit number is not provided, the child will be claimed as paid unless Part 2 (Household and Income Information) is completed and the social security number is provided.

*If a child has a ten-digit case number, the parent or guardian does not need to enter the first two zeros on the form.

- If the parent or guardian did not report a SNAP or TANF case number, they must complete all entries in Part 2 and Part 4 to determine free or reduced-price eligibility.
- Check that the parent or guardian listed all household members other than those children listed in Part 1. A household is defined as a group of related or non-related individuals who are not residents of an institution or a boarding house, but who are living together as one economic group.
- Check that the parent or guardian listed each household member and indicated gross monthly income by source before any deductions are made. Current income is defined as income received during the month prior to the application. If the prior month's income is not representative of the household's annual rate of income, the household should report projected annual income.
- Completion of the Racial Ethnic Information (Part 3) is not mandatory, and the failure to complete this information shall not affect the classification of the child.
- The adult household member completing the IEF must sign Part 4 to certify that the information provided is correct, that it is being given in connection with the receipt of federal funds, that institution officials may verify information, and that

deliberate misrepresentation may subject the individual to prosecution under applicable state and federal laws. If the adult does not have a social security number, "none" should be written in the space provided. The IEF cannot be approved for free or reduced-price meals unless it is fully completed, signed, and dated by the parent or guardian.

- The parent or guardian must fully complete the IEF. The center representative shall complete only the section labeled "For Center Use Only."
- The center representative shall determine the child's claiming category by completing the bottom section of the IEF marked "For Center Use Only". **The IEF is effective from the first day of the month that the form was signed and dated.**

Center Representative Instructions for Completing the "For Center Use Only" Section

The center representative shall determine the child's claiming category by completing the bottom section of the IEF marked "For Center Use Only." ***The IEF is effective from the first day of the month the form is signed and dated.***

- Enter the total household size and total income.
- Indicate if the eligibility status is based on household income by marking the payment cycle as reported in Part 2 (year, month, 2 x a month, every 2 weeks, or weekly).
- Indicate if the eligibility status is based on SNAP or TANF participation. Check to make sure an eight-digit case number is provided if the child is a SNAP or TANF recipient. If the child is receiving SNAP or TANF, the child is automatically eligible for free meals.
- Determine the claiming status based on the income eligibility guidelines chart and indicate whether the child's category is free, reduced, or paid.
- Sign the form.
- Date the form.

The child must be claimed in the Paid category if:

- The information given by the parent or guardian is incomplete.
- The income does not meet income eligibility criteria for free or reduced-price meals.
- The parent or guardian does not sign and date the form.
- The last four digits of the social security number of the person signing the form are missing, and the children are not SNAP or TANF recipients.

- The SNAP or TANF number is not a valid eight-digit number.
- The parent chooses not to disclose their income or complete the IEF.
- The center representative did not fully complete, sign, and date the form.

Income Eligibility Form (IEF) Mistakes

These common mistakes can be very costly!

- Children are classified incorrectly.
- Meal classifications are based on old income guidelines.
- Eligibility determination is incorrectly checked.
- The IEF is outdated (valid until the last day of the month the form is dated, one year earlier).
- The form is not signed and dated by an authorized center representative.
- The form is not signed and dated by the parent/guardian.

Other mistakes include:

- The IEF is submitted to the center with missing information.
- Total household income is added incorrectly.
- The total number in the household is incorrect.
- The last four digits of the social security number are not provided when the IEF is based on household income (not required if case numbers are included for SNAP or TANF benefits).
- Free or reduced-price meals are claimed before the approved IEF is on file.

Additional note:

- Foster children are eligible for free meals regardless of household income with third-party documentation; no IEF is needed.

Refer to the following pages for examples of how to correctly complete the IEF for the various household types. Be aware of common mistakes.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
COMMUNITY FOOD AND NUTRITION ASSISTANCE (CFNA)
CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
INCOME ELIGIBILITY FORM FOR CHILD CARE CENTERS

To apply for free or reduced-price meal eligibility benefits for your child(ren), please fill out this form and return it to the child care center.

PART 1: CHILDREN ENROLLED AT THE CHILD CARE CENTER

Complete information below for children enrolled at the center. If child(ren) are receiving Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamp) or Temporary Assistance (formerly AFDC, now funded by TANF), complete Parts 1, 3, and 4 only. Complete Parts 1, 2, 3, and 4 if you did not provide a SNAP case number or Temporary Assistance case number **for all of the children listed in Part 1.**

| NAME (first and last) | FOSTER CHILD | BIRTH DATE | SNAP CASE NUMBER | TEMPORARY ASSISTANCE CASE NUMBER |
|-----------------------|--------------|------------|------------------|----------------------------------|
| Noah Johnson (age 3) | | 7/4/XX | | |
| Emma Johnson (age 2) | | 8/10/XX | | |
| | | / / | | |
| | | / / | | |

PART 2: HOUSEHOLD AND INCOME INFORMATION

List all members of the household not including the children listed in Part 1. Indicate source and amount of current monthly gross income for all members of the household before deductions, such as taxes and social security. Where there are wage earners and self-employed adults, the income of the wage earner cannot be offset by the business losses of the self-employed adult. If last month's income does not accurately reflect your circumstances, you may provide a projection of your current annual income. Irregular self-employed income may be averaged over the prior 12 months. Foster children may be eligible regardless of household income. Contact the center for more information.

INCOME BASED ON (CHECK ONE) ☐ YEARLY ☒ MONTHLY ☐ 2 X A MONTH ☐ EVERY 2 WEEKS ☐ WEEKLY

| HOUSEHOLD MEMBERS | GROSS WAGES | WELFARE, CHILD SUPPORT, ALIMONY | PENSIONS, RETIREMENT, SOCIAL SECURITY | OTHER |
|-------------------|-------------|---------------------------------|---------------------------------------|-------|
| William Johnson | \$2500 | | | |
| Lisa Johnson | \$1820 | | | |
| Trinity Johnson | | | | |

PART 3: RACIAL ETHNIC INFORMATION (You are not required to answer this section)

Are you of Hispanic or Latino origin? ☐ YES ☒ NO

What is your race? (Select one or more)

| | | | | |
|----------------------------------|--------------------------|---------------------------|---|-------------------------------------|
| AMERICAN INDIAN OR ALASKA NATIVE | ASIAN | BLACK OR AFRICAN AMERICAN | NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER | WHITE |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

PART 4: SIGNATURE

I hereby certify that all information provided is correct. I understand that this information is being given in connection with the receipt of federal funds, that institution officials may verify information, and that deliberate misrepresentation may subject me to prosecution under applicable state and federal laws.

| | | |
|---|--|----------------------------------|
| SIGNATURE OF ADULT FAMILY MEMBER <i>Lisa Johnson</i> | SOCIAL SECURITY NUMBER (LAST 4 DIGITS ONLY) XXX-XX-1234 | DATE 7/6/XX |
| PRINTED NAME OF ADULT Lisa Johnson | ADDRESS 123 N Park, Anywhere, MO 54321 | PHONE NUMBER (555) 532-1212 |

Section 9 of the National School Lunch Act requires that, unless your children's SNAP or Temporary Assistance case number is provided, you must include the last four digits of a social security number of the adult household member signing the application or indicate that the household member signing the application does not possess a social security number. Provision of the last four digits of a social security number is not mandatory, but if the last four digits of a social security number are not provided or an indication is not made that the signer has none, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the accuracy of information stated on the application. These verification efforts may be carried out through program reviews and investigations, and may include contacting employers to determine income, contacting a SNAP or welfare office to determine current certification for receipt of SNAP or Temporary Assistance benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to provide the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported.

FOR CENTER USE ONLY

| | | | | |
|----------------------------|-------------------|--|--|---|
| TOTAL HOUSEHOLD SIZE: 5 | INCOME: \$4320 | INCOME BASED ON (CHECK ONE): YEAR MONTH 2 X A MONTH EVERY 2 WEEKS WEEKLY <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | SNAP (Food Stamp) <input type="checkbox"/> | TEMPORARY ASSISTANCE <input type="checkbox"/> |
|----------------------------|-------------------|--|--|---|

Eligibility Determination: ☐ Free ☒ Reduced ☐ Paid

| | |
|---|----------------|
| SIGNATURE OF CENTER REPRESENTATIVE <i>Ima Director</i> | DATE 7-6-XX |
|---|----------------|

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
Program.Intake@usda.gov

This institution is an equal opportunity provider.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
COMMUNITY FOOD AND NUTRITION ASSISTANCE (CFNA)
CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
INCOME ELIGIBILITY FORM FOR CHILD CARE CENTERS

Correct Example

Foster Child

To apply for free or reduced-price meal eligibility benefits for your child(ren), please fill out this form and return it to the child care center.

PART 1: CHILDREN ENROLLED AT THE CHILD CARE CENTER

Complete information below for children enrolled at the center. If child(ren) are receiving Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamp) or Temporary Assistance (formerly AFDC, now funded by TANF), complete Parts 1, 3, and 4 only. Complete Parts 1, 2, 3, and 4 if you did not provide a SNAP case number or Temporary Assistance case number **for all of the children listed in Part 1.**

| NAME (first and last) | FOSTER CHILD | BIRTH DATE | SNAP CASE NUMBER | TEMPORARY ASSISTANCE CASE NUMBER |
|-----------------------|--------------|------------|------------------|----------------------------------|
| Noah Johnson (age 3) | | 7/4/XX | | |
| Emma Johnson (age 2) | | 8/10/XX | | |
| Sam Anderson (age 1) | X | 6/12/XX | | |
| | | / / | | |

PART 2: HOUSEHOLD AND INCOME INFORMATION

List all members of the household not including the children listed in Part 1. Indicate source and amount of current monthly gross income for all members of the household before deductions, such as taxes and social security. Where there are wage earners and self-employed adults, the income of the wage earner cannot be offset by the business losses of the self-employed adult. If last month's income does not accurately reflect your circumstances, you may provide a projection of your current annual income. Irregular self-employed income may be averaged over the prior 12 months. Foster children may be eligible regardless of household income. Contact the center for more information.

INCOME BASED ON (CHECK ONE) ☐ YEARLY ☒ MONTHLY ☐ 2 X A MONTH ☐ EVERY 2 WEEKS ☐ WEEKLY

| HOUSEHOLD MEMBERS | GROSS WAGES | WELFARE, CHILD SUPPORT, ALIMONY | PENSIONS, RETIREMENT, SOCIAL SECURITY | OTHER |
|-------------------|-------------|---------------------------------|---------------------------------------|-------|
| William Johnson | \$2,500 | | | |
| Lisa Johnson | \$1,320 | | | |
| Trinity Johnson | | | | |

PART 3: RACIAL ETHNIC INFORMATION (You are not required to answer this section)

Are you of Hispanic or Latino origin? ☐ YES ☐ NO

What is your race? (Select one or more)

| | | | | |
|----------------------------------|--------------------------|---------------------------|---|--------------------------|
| AMERICAN INDIAN OR ALASKA NATIVE | ASIAN | BLACK OR AFRICAN AMERICAN | NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER | WHITE |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

PART 4: SIGNATURE

I hereby certify that all information provided is correct. I understand that this information is being given in connection with the receipt of federal funds, that institution officials may verify information, and that deliberate misrepresentation may subject me to prosecution under applicable state and federal laws.

| | | |
|---|---|---|
| SIGNATURE OF ADULT FAMILY MEMBER <i>Lisa Johnson</i> | SOCIAL SECURITY NUMBER (LAST 4 DIGITS ONLY) XXX-XX-1234 | DATE 7/6/XX |
| PRINTED NAME OF ADULT Lisa Johnson | ADDRESS 123 N Park, Anywhere, MO 54321 | PHONE NUMBER (555) 532-1212 |

Section 9 of the National School Lunch Act requires that, unless your children's SNAP or Temporary Assistance case number is provided, you must include the last four digits of a social security number of the adult household member signing the application or indicate that the household member signing the application does not possess a social security number. Provision of the last four digits of a social security number is not mandatory, but if the last four digits of a social security number are not provided or an indication is not made that the signer has none, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the accuracy of information stated on the application. These verification efforts may be carried out through program reviews and investigations, and may include contacting employers to determine income, contacting a SNAP or welfare office to determine current certification for receipt of SNAP or Temporary Assistance benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to provide the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported.

FOR CENTER USE ONLY

| | | |
|-----------------------------------|---------------------------|--|
| TOTAL HOUSEHOLD SIZE: 6 | INCOME: \$3,820 | INCOME BASED ON (CHECK ONE): YEAR <input type="checkbox"/> MONTH <input checked="" type="checkbox"/> 2 X A MONTH <input type="checkbox"/> EVERY 2 WEEKS <input type="checkbox"/> WEEKLY <input type="checkbox"/> SNAP (Food Stamp) <input type="checkbox"/> TEMPORARY ASSISTANCE <input type="checkbox"/> |
|-----------------------------------|---------------------------|--|

Eligibility Determination: ☒ Free ☐ Reduced ☐ Paid

SIGNATURE OF CENTER REPRESENTATIVE

Ima Director

DATE
7-6-XX



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
COMMUNITY FOOD AND NUTRITION ASSISTANCE (CFNA)
CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
INCOME ELIGIBILITY FORM FOR CHILD CARE CENTERS

Correct Example

SNAP Benefits

To apply for free or reduced-price meal eligibility benefits for your child(ren), please fill out this form and return it to the child care center.

PART 1: CHILDREN ENROLLED AT THE CHILD CARE CENTER

Complete information below for children enrolled at the center. If child(ren) are receiving Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamp) or Temporary Assistance (formerly AFDC, now funded by TANF), complete Parts 1, 3, and 4 only. Complete Parts 1, 2, 3, and 4 if you did not provide a SNAP case number or Temporary Assistance case number **for all of the children listed in Part 1.**

| NAME (first and last) | FOSTER CHILD | BIRTH DATE | SNAP CASE NUMBER | TEMPORARY ASSISTANCE CASE NUMBER |
|---------------------------|--------------|------------|------------------|----------------------------------|
| Jasmine Roy (age 2) | | 1/12/XX | 07965821 | |
| Madison Plummer (age 1) | | 6/5/XX | | |
| Kaden Tate (age 3 months) | | 5/12/XX | | |
| | | / / | | |

PART 2: HOUSEHOLD AND INCOME INFORMATION

List all members of the household not including the children listed in Part 1. Indicate source and amount of current monthly gross income for all members of the household before deductions, such as taxes and social security. Where there are wage earners and self-employed adults, the income of the wage earner cannot be offset by the business losses of the self-employed adult. If last month's income does not accurately reflect your circumstances, you may provide a projection of your current annual income. Irregular self-employed income may be averaged over the prior 12 months. Foster children may be eligible regardless of household income. Contact the center for more information.

INCOME BASED ON (CHECK ONE) ☐ YEARLY ☐ MONTHLY ☐ 2 X A MONTH ☐ EVERY 2 WEEKS ☐ WEEKLY

| HOUSEHOLD MEMBERS | GROSS WAGES | WELFARE, CHILD SUPPORT, ALIMONY | PENSIONS, RETIREMENT, SOCIAL SECURITY | OTHER |
|-------------------|-------------|---------------------------------|---------------------------------------|-------|
| | | | | |
| | | | | |
| | | | | |

PART 3: RACIAL ETHNIC INFORMATION (You are not required to answer this section)

Are you of Hispanic or Latino origin? ☐ YES ☐ NO

What is your race? (Select one or more)

| | | | | |
|----------------------------------|--------------------------|---------------------------|---|--------------------------|
| AMERICAN INDIAN OR ALASKA NATIVE | ASIAN | BLACK OR AFRICAN AMERICAN | NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER | WHITE |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

PART 4: SIGNATURE

I hereby certify that all information provided is correct. I understand that this information is being given in connection with the receipt of federal funds, that institution officials may verify information, and that deliberate misrepresentation may subject me to prosecution under applicable state and federal laws.

| | | |
|---|--|----------------------------------|
| SIGNATURE OF ADULT FAMILY MEMBER <i>Kennedy Webber</i> | SOCIAL SECURITY NUMBER (LAST 4 DIGITS ONLY) XXX-XX- | DATE 8/25/XX |
| PRINTED NAME OF ADULT Kennedy Webber | ADDRESS 1 Abington Drive, Hometown, MO 23456 | PHONE NUMBER (555) 532-1234 |

Section 9 of the National School Lunch Act requires that, unless your children's SNAP or Temporary Assistance case number is provided, you must include the last four digits of a social security number of the adult household member signing the application or indicate that the household member signing the application does not possess a social security number. Provision of the last four digits of a social security number is not mandatory, but if the last four digits of a social security number are not provided or an indication is not made that the signer has none, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the accuracy of information stated on the application. These verification efforts may be carried out through program reviews and investigations, and may include contacting employers to determine income, contacting a SNAP or welfare office to determine current certification for receipt of SNAP or Temporary Assistance benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to provide the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported.

FOR CENTER USE ONLY

| | | | | |
|--|---------|--|-------------------------------------|--------------------------|
| TOTAL HOUSEHOLD SIZE: | INCOME: | INCOME BASED ON (CHECK ONE): | SNAP (Food Stamp) | TEMPORARY ASSISTANCE |
| | | YEAR <input type="checkbox"/> MONTH <input type="checkbox"/> 2 X A MONTH <input type="checkbox"/> EVERY 2 WEEKS <input type="checkbox"/> WEEKLY <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Eligibility Determination: <input checked="" type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Paid | | | | |
| SIGNATURE OF CENTER REPRESENTATIVE Ima Director | | | DATE 8-26-XX | |

Exercise Time!!!



Exercise #1

The Income Eligibility Form (IEF) (on the next page) contains eight errors – What’s Wrong? Using the IEF instructions, please note all errors that you find.

Exercise #2

IEF completion based on SNAP documentation.

Instructions:

1. Pretend you are Ashley Smith, and using the information below, complete the blank IEF on the page following Exercise #1.
2. Then complete the “**For Center Use Only**” section in your role as a child care representative to show the family’s eligibility determination.

Ashley Smith of 456 Main Street, Anytown, MO 12345, phone number 555-817-2345, comes to enroll her two children, Emily Jones and Ethan Smith, in your child care center. Emily was born 10/31/XX, and Ethan was born 8/19/XX. Ashley receives Supplemental Food and Nutrition (SNAP) benefits for both children, and the SNAP number is FS0012345678FSP001. In addition, Ashley works and earns \$380 per week. There are no other household members. IEF is completed on 9/10/XX.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
COMMUNITY FOOD AND NUTRITION ASSISTANCE (CFNA)
CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
INCOME ELIGIBILITY FORM FOR CHILD CARE CENTERS

Exercise #1

To apply for free or reduced-price meal eligibility benefits for your child(ren), please fill out this form and return it to the child care center.

PART 1: CHILDREN ENROLLED AT THE CHILD CARE CENTER

Complete information below for children enrolled at the center. If child(ren) are receiving Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamp) or Temporary Assistance (formerly AFDC, now funded by TANF), complete Parts 1, 3, and 4 only. Complete Parts 1, 2, 3, and 4 if you did not provide a SNAP case number or Temporary Assistance case number **for all of the children listed in Part 1.**

| NAME (first and last) | FOSTER CHILD | BIRTH DATE | SNAP CASE NUMBER | TEMPORARY ASSISTANCE CASE NUMBER |
|-----------------------|--------------|------------|------------------|----------------------------------|
| Isabella | | 11/16/XX | | |
| Dallas | | 4/2/XX | | |
| Jackson | | 6/14XX | | |
| | | / / | | |

PART 2: HOUSEHOLD AND INCOME INFORMATION

List all members of the household not including the children listed in Part 1. Indicate source and amount of current monthly gross income for all members of the household before deductions, such as taxes and social security. Where there are wage earners and self-employed adults, the income of the wage earner cannot be offset by the business losses of the self-employed adult. If last month's income does not accurately reflect your circumstances, you may provide a projection of your current annual income. Irregular self-employed income may be averaged over the prior 12 months. Foster children may be eligible regardless of household income. Contact the center for more information.

INCOME BASED ON (CHECK ONE)

☐ YEARLY ☒ MONTHLY ☐ 2 X A MONTH ☐ EVERY 2 WEEKS ☐ WEEKLY

| HOUSEHOLD MEMBERS | GROSS WAGES | WELFARE, CHILD SUPPORT, ALIMONY | PENSIONS, RETIREMENT, SOCIAL SECURITY | OTHER |
|-------------------|-------------|---------------------------------|---------------------------------------|-------|
| Mickey Rogers | \$1,575 | | | |
| Jessica Rogers | \$1,375 | | | |
| Bella Rogers | 0 | | | |

PART 3: RACIAL ETHNIC INFORMATION (You are not required to answer this section)

Are you of Hispanic or Latino origin? ☐ YES ☐ NO

What is your race? (Select one or more)

| | | | | |
|----------------------------------|--------------------------|---------------------------|---|--------------------------|
| AMERICAN INDIAN OR ALASKA NATIVE | ASIAN | BLACK OR AFRICAN AMERICAN | NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER | WHITE |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

PART 4: SIGNATURE

I hereby certify that all information provided is correct. I understand that this information is being given in connection with the receipt of federal funds, that institution officials may verify information, and that deliberate misrepresentation may subject me to prosecution under applicable state and federal laws.

| | | |
|---|--|----------------------------------|
| SIGNATURE OF ADULT FAMILY MEMBER <i>Michael Rogers</i> | SOCIAL SECURITY NUMBER (LAST 4 DIGITS ONLY) XXX-XX- | DATE 9/15/ |
| PRINTED NAME OF ADULT Michael Rogers | ADDRESS 123 Main St., Anytown, MO 12345 | PHONE NUMBER (555) 817-1212 |

Section 9 of the National School Lunch Act requires that, unless your children's SNAP or Temporary Assistance case number is provided, you must include the last four digits of a social security number of the adult household member signing the application or indicate that the household member signing the application does not possess a social security number. Provision of the last four digits of a social security number is not mandatory, but if the last four digits of a social security number are not provided or an indication is not made that the signer has none, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the accuracy of information stated on the application. These verification efforts may be carried out through program reviews and investigations, and may include contacting employers to determine income, contacting a SNAP or welfare office to determine current certification for receipt of SNAP or Temporary Assistance benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to provide the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported.

FOR CENTER USE ONLY

| | | |
|----------------------------|--------------------|--|
| TOTAL HOUSEHOLD SIZE: 5 | INCOME: \$3,950 | INCOME BASED ON (CHECK ONE): YEAR <input type="checkbox"/> MONTH <input checked="" type="checkbox"/> 2 X A MONTH <input type="checkbox"/> EVERY 2 WEEKS <input type="checkbox"/> WEEKLY <input type="checkbox"/> SNAP (Food Stamp) <input type="checkbox"/> TEMPORARY ASSISTANCE <input type="checkbox"/> |
|----------------------------|--------------------|--|

Eligibility Determination: ☐ Free ☒ Reduced ☐ Paid

SIGNATURE OF CENTER REPRESENTATIVE

DATE
10/7/XX



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
COMMUNITY FOOD AND NUTRITION ASSISTANCE (CFNA)
CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
INCOME ELIGIBILITY FORM FOR CHILD CARE CENTERS

Exercise #2

To apply for free or reduced-price meal eligibility benefits for your child(ren), please fill out this form and return it to the child care center.

PART 1: CHILDREN ENROLLED AT THE CHILD CARE CENTER

Complete information below for children enrolled at the center. If child(ren) are receiving Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamp) or Temporary Assistance (formerly AFDC, now funded by TANF), complete Parts 1, 3, and 4 only. Complete Parts 1, 2, 3, and 4 if you did not provide a SNAP case number or Temporary Assistance case number **for all of the children listed in Part 1.**

| NAME (first and last) | FOSTER CHILD | BIRTH DATE | SNAP CASE NUMBER | TEMPORARY ASSISTANCE CASE NUMBER |
|-----------------------|--------------|------------|------------------|----------------------------------|
| | | / / | | |
| | | / / | | |
| | | / / | | |
| | | / / | | |

PART 2: HOUSEHOLD AND INCOME INFORMATION

List all members of the household not including the children listed in Part 1. Indicate source and amount of current monthly gross income for all members of the household before deductions, such as taxes and social security. Where there are wage earners and self-employed adults, the income of the wage earner cannot be offset by the business losses of the self-employed adult. If last month's income does not accurately reflect your circumstances, you may provide a projection of your current annual income. Irregular self-employed income may be averaged over the prior 12 months. Foster children may be eligible regardless of household income. Contact the center for more information.

INCOME BASED ON (CHECK ONE) ☐ YEARLY ☐ MONTHLY ☐ 2 X A MONTH ☐ EVERY 2 WEEKS ☐ WEEKLY

| HOUSEHOLD MEMBERS | GROSS WAGES | WELFARE, CHILD SUPPORT, ALIMONY | PENSIONS, RETIREMENT, SOCIAL SECURITY | OTHER |
|-------------------|-------------|---------------------------------|---------------------------------------|-------|
| | | | | |
| | | | | |
| | | | | |

PART 3: RACIAL ETHNIC INFORMATION (You are not required to answer this section)

Are you of Hispanic or Latino origin? ☐ YES ☐ NO

What is your race? (Select one or more)

| | | | | |
|----------------------------------|--------------------------|---------------------------|---|--------------------------|
| AMERICAN INDIAN OR ALASKA NATIVE | ASIAN | BLACK OR AFRICAN AMERICAN | NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER | WHITE |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

PART 4: SIGNATURE

I hereby certify that all information provided is correct. I understand that this information is being given in connection with the receipt of federal funds, that institution officials may verify information, and that deliberate misrepresentation may subject me to prosecution under applicable state and federal laws.

| | | |
|----------------------------------|--|-----------------------|
| SIGNATURE OF ADULT FAMILY MEMBER | SOCIAL SECURITY NUMBER (LAST 4 DIGITS ONLY) XXX-XX- | DATE / / |
| PRINTED NAME OF ADULT | ADDRESS | PHONE NUMBER () - |

Section 9 of the National School Lunch Act requires that, unless your children's SNAP or Temporary Assistance case number is provided, you must include the last four digits of a social security number of the adult household member signing the application or indicate that the household member signing the application does not possess a social security number. Provision of the last four digits of a social security number is not mandatory, but if the last four digits of a social security number are not provided or an indication is not made that the signer has none, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the accuracy of information stated on the application. These verification efforts may be carried out through program reviews and investigations, and may include contacting employers to determine income, contacting a SNAP or welfare office to determine current certification for receipt of SNAP or Temporary Assistance benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to provide the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported.

FOR CENTER USE ONLY

| | | | | |
|-----------------------|---------|--|--------------------------|--------------------------|
| TOTAL HOUSEHOLD SIZE: | INCOME: | INCOME BASED ON (CHECK ONE): | SNAP (Food Stamp) | TEMPORARY ASSISTANCE |
| | | YEAR MONTH 2 X A MONTH EVERY 2 WEEKS WEEKLY | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | |

Eligibility Determination: ☐ Free ☐ Reduced ☐ Paid

| | |
|------------------------------------|------|
| SIGNATURE OF CENTER REPRESENTATIVE | DATE |
|------------------------------------|------|

Exercise Keys

Exercise #1

- No last names listed in Part 1. Use children's legal name.
- The child, Isabella, is listed in Part 1 and Part 2.
- In Part 4 the person who signed is not listed as a household member. Using nicknames is not allowed and causes confusion for auditors and staff.
- The last four digits of the social security number are not listed in Part 4.
- In Part 4, the date is not complete with year. This could cause the IEF to be determined as invalid. Date all forms with complete day, month, and year.
- The monthly income is added incorrectly, it should be \$2,950.
- The category should be free, not reduced. A family of five can make up to \$4,079 and still be claimed as free.*
- Center staff did not sign the Income Eligibility Form (IEF).

*Income determination was made based on the income eligibility guidelines for July 1, 2024 through June 30, 2025.

Exercise #2

- The SNAP, formerly called Food Stamps, case number can be eight to ten digits long. The only part that needs to be documented is the eight-digit case number, as underlined in this example: FS0012345678FSP001. The rest of the letters and numbers are the same for all SNAP case numbers. The case number is the same for all household members.
- Since the SNAP case number is indicated in the Part 1 column, Part 2 of the IEF does not need to be completed, even though Ashley Smith reported some income.
- Ashley Smith's social security number is not required in Part 4 since the IEF is based on the SNAP case number, but all other information must be fully completed.
- In the "For Center Use Only," check the SNAP (Food Stamps) box, mark the Free Eligibility Determination box, sign and date the IEF.
- The IEF is completed correctly on the next page.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
COMMUNITY FOOD AND NUTRITION ASSISTANCE (CFNA)
CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
INCOME ELIGIBILITY FORM FOR CHILD CARE CENTERS

Exercise #2 Key

To apply for free or reduced-price meal eligibility benefits for your child(ren), please fill out this form and return it to the child care center.

PART 1: CHILDREN ENROLLED AT THE CHILD CARE CENTER

Complete information below for children enrolled at the center. If child(ren) are receiving Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamp) or Temporary Assistance (formerly AFDC, now funded by TANF), complete Parts 1, 3, and 4 only. Complete Parts 1, 2, 3, and 4 if you did not provide a SNAP case number or Temporary Assistance case number **for all of the children listed in Part 1.**

| NAME (first and last) | FOSTER CHILD | BIRTH DATE | SNAP CASE NUMBER | TEMPORARY ASSISTANCE CASE NUMBER |
|-----------------------|--------------|------------|------------------|----------------------------------|
| Emily Jones | | 10/31/XX | 12345678 | |
| Ethan Smith | | 8/19/XX | 12345678 | |
| | | / / | | |
| | | / / | | |

PART 2: HOUSEHOLD AND INCOME INFORMATION

List all members of the household not including the children listed in Part 1. Indicate source and amount of current monthly gross income for all members of the household before deductions, such as taxes and social security. Where there are wage earners and self-employed adults, the income of the wage earner cannot be offset by the business losses of the self-employed adult. If last month's income does not accurately reflect your circumstances, you may provide a projection of your current annual income. Irregular self-employed income may be averaged over the prior 12 months. Foster children may be eligible regardless of household income. Contact the center for more information.

INCOME BASED ON (CHECK ONE) ☐ YEARLY ☐ MONTHLY ☐ 2 X A MONTH ☐ EVERY 2 WEEKS ☐ WEEKLY

| HOUSEHOLD MEMBERS | GROSS WAGES | WELFARE, CHILD SUPPORT, ALIMONY | PENSIONS, RETIREMENT, SOCIAL SECURITY | OTHER |
|-------------------|-------------|---------------------------------|---------------------------------------|-------|
| | | | | |
| | | | | |
| | | | | |

PART 3: RACIAL ETHNIC INFORMATION (You are not required to answer this section)

Are you of Hispanic or Latino origin? ☐ YES ☐ NO

What is your race? (Select one or more)

| | | | | |
|----------------------------------|--------------------------|---------------------------|---|--------------------------|
| AMERICAN INDIAN OR ALASKA NATIVE | ASIAN | BLACK OR AFRICAN AMERICAN | NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER | WHITE |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

PART 4: SIGNATURE

I hereby certify that all information provided is correct. I understand that this information is being given in connection with the receipt of federal funds, that institution officials may verify information, and that deliberate misrepresentation may subject me to prosecution under applicable state and federal laws.

| | | |
|---|--|----------------------------------|
| SIGNATURE OF ADULT FAMILY MEMBER <i>Ashley Smith</i> | SOCIAL SECURITY NUMBER (LAST 4 DIGITS ONLY) XXX-XX- | DATE 9/10/XX |
| PRINTED NAME OF ADULT Ashley Smith | ADDRESS 456 Main St., Anytown, MO 12345 | PHONE NUMBER (555) 817-2345 |

Section 9 of the National School Lunch Act requires that, unless your children's SNAP or Temporary Assistance case number is provided, you must include the last four digits of a social security number of the adult household member signing the application or indicate that the household member signing the application does not possess a social security number. Provision of the last four digits of a social security number is not mandatory, but if the last four digits of a social security number are not provided or an indication is not made that the signer has none, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the accuracy of information stated on the application. These verification efforts may be carried out through program reviews and investigations, and may include contacting employers to determine income, contacting a SNAP or welfare office to determine current certification for receipt of SNAP or Temporary Assistance benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to provide the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported.

FOR CENTER USE ONLY

| | | | | |
|-----------------------|---------|--|-------------------------------------|--------------------------|
| TOTAL HOUSEHOLD SIZE: | INCOME: | INCOME BASED ON (CHECK ONE): | SNAP (Food Stamp) | TEMPORARY ASSISTANCE |
| | | YEAR <input type="checkbox"/> MONTH <input type="checkbox"/> 2 X A MONTH <input type="checkbox"/> EVERY 2 WEEKS <input type="checkbox"/> WEEKLY <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Eligibility Determination: ☒ Free ☐ Reduced ☐ Paid

| | |
|--|-----------------|
| SIGNATURE OF CENTER REPRESENTATIVE Ima Director | DATE 9/10/XX |
|--|-----------------|

Child and Adult Care Food Program
Income Eligibility Guidelines
July 1, 2025 – June 30, 2026

Reduced-Price Meals – 185%

Free Meals – 130%

| Household Size | Yearly | Monthly | Twice a Month | Every 2 Weeks | Weekly | | Household Size | Yearly | Monthly | Twice a Month | Every 2 Weeks | Weekly |
|---|---------|---------|---------------|---------------|--------|--|---|--------|---------|---------------|---------------|--------|
| 1 | 28,953 | 2,413 | 1,207 | 1,114 | 557 | | 1 | 20,345 | 1,696 | 848 | 783 | 392 |
| 2 | 39,128 | 3,261 | 1,631 | 1,505 | 753 | | 2 | 27,495 | 2,292 | 1,146 | 1,058 | 529 |
| 3 | 49,303 | 4,109 | 2,055 | 1,897 | 949 | | 3 | 34,645 | 2,888 | 1,444 | 1,333 | 667 |
| 4 | 59,478 | 4,957 | 2,479 | 2,288 | 1,144 | | 4 | 41,795 | 3,483 | 1,742 | 1,608 | 804 |
| 5 | 69,653 | 5,805 | 2,903 | 2,679 | 1,340 | | 5 | 48,945 | 4,079 | 2,040 | 1,883 | 942 |
| 6 | 79,828 | 6,653 | 3,327 | 3,071 | 1,536 | | 6 | 56,095 | 4,675 | 2,338 | 2,158 | 1,079 |
| 7 | 90,003 | 7,501 | 3,751 | 3,462 | 1,731 | | 7 | 63,245 | 5,271 | 2,636 | 2,433 | 1,217 |
| 8 | 100,178 | 8,349 | 4,175 | 3,853 | 1,927 | | 8 | 70,395 | 5,867 | 2,934 | 2,708 | 1,354 |
| For each additional family member, add: | 10,175 | 848 | 424 | 392 | 196 | | For each additional family member, add: | 7,150 | 596 | 298 | 275 | 138 |

Note: Only provide the income guidelines for reduced-price meals to the parents.