

**Child and Adult Care Food Program  
PROVIDER INCOME-ELIGIBILITY APPLICATION**

**Mountainview Daycare Nutrition Program  
3131 Smokey Point DR, Suite 5A, Arlington, WA 98223  
360-653-7273**

**PART 1 – PROVIDER INFORMATION**

Provider's Name			
Provider's Home Address		Home Telephone	
City	State	Zip	Work Telephone

**PART 2 – HOUSEHOLD MEMBER RECEIVING BASIC FOOD, TANF, OR FDPIR—Only one household member receiving benefits must be listed in order to qualify for Tier I rates. Documentation with begin and end dates must be submitted to support the benefits.**

Name	Circle One	Case Number or Identification Number
	Basic Food   TANF   FDPIR	

**PART 3 – FOSTER CHILDREN – List any foster children living in your home**


**PART 4 – PROVIDER'S OWN – List the names of children in your household who are of child care age**

Child's Name	Age	Birthdate
1.		
2.		
3.		

**PART 5 – TOTAL HOUSEHOLD INCOME FROM LAST MONTH—Not required if you have reported a case number in Part 2**

List Names (First and Last) of everyone in your household, including foster children	Gross Income from Last Month – Tell us how much and how often (or net income if self-employed) (if None, Write "0")			
	Earnings from Work Before Deductions	Alimony, Child Support	Retirement, Pensions, Social Security	Job Two or Any Other Income
<i>Jane Smith (example)</i>	<i>\$ 1000 / month</i>	<i>\$ 300 / month</i>	<i>\$ ____ / ____</i>	<i>\$ 100 / week</i>
1.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____
2.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____
3.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____
4.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____
5.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____
6.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____

If Part 5 is completed, the adult signing the form must list the last four digits of their Social Security Number or the box must be checked that they do not have one (see Privacy Statement on the back of this page).

Adult's Social Security Number (last four digits) XXX-XX-\_\_\_\_\_  I do not have a Social Security Number.

**PART 6 – CERTIFICATION**

I certify all of the above information is true and correct and all income is reported. I understand this income-eligibility application will be in effect for 12 months from the date it is signed, verified, and dated by the sponsor. I understand this information is being given for the receipt of federal funds; that institution officials may verify the information on the application; and that the deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

Signature of Provider	Date Signed
-----------------------	-------------

**PART 7 – ETHNIC AND RACIAL IDENTITIES (You are not required to answer this.)**

Check the ethnic and racial category of your child. We need this information to be sure that everyone receives benefits on a fair basis.

Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino

No child will be discriminated against because of race, color, national origin, sex, age, or disability.

Race:

- White
- Black or African American
- Asian
- American Indian or Alaskan Native
- Native Hawaiian or Other Pacific Islander
- Multi-Racial

**Privacy Act Statement: This explains how we will use the information you give us.** The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced-price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (Basic Food), Temporary Assistance for Needy Families (TANF) Program, or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced-price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

**PART 8 – FOR SPONSOR USE ONLY**

Household Size: \_\_\_\_\_ Income \$ \_\_\_\_\_ Annual  Monthly  Twice Per Month  Every Two Weeks  Weekly

**OR** Basic Food  TANF  FDPIR  Foster Child

Maximum income per IEGs: \$ \_\_\_\_\_

Eligibility Determination by Sponsor: Tier I Home\*  Eligible to Claim Own Child

\*Verification Completed \_\_\_\_\_ Attach verification documentation (required for Tier I designation by this application).

Not Eligible  Reason for Denial: Income Too High  Incomplete Application

\_\_\_\_\_  
Signature of Determining Official

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Effective Date (within current month)

**Not valid without signature and date.**

PIEA Effective Date: If the institution is using the parent/guardian signature date as the effective date, the form must have been signed by the institution representative within the same month the parent signed the form or the immediate following month. If the institution representative does not evaluate and sign the PIEA within these guidelines, the institution representative's signature date must be used as the effective date.