CACFP-4
(Rev. 6/99)

2000 FISCAL YEAR CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
FAMILY-SIZE AND INCOME APPLICATION

1. Print *CHILD'S NAME* (First and Last).
2. List each child's *FOOD STAMP, TANF,** or *FDPIR** *case number*, if any.

NAME	AGE	FOOD STAMP NO. *OR*	TANF NO. *OR*	FDPIR NO.

3. ***FOSTER CHILD:*** List the child's monthly ***personal use*** income. Write *0* if the child has no ***personal use*** income. $ _____

4. ***HOUSEHOLD MEMBERS AND MONTHLY INCOME:*** If you gave a food stamp, TANF, or FDPIR case number for each child, skip to PART 5.

*TANF = Temporary Assistance for Needy Families; FDPIR = Food Distribution Program on Indian Reservations

Names of Household Members	Gross MONTHLY Earnings (Before Deductions) Job 1	Job 2	MONTHLY Welfare Payments, Child Support, Alimony	MONTHLY Payments From Pensions, Retirement, Social Security	Any Other MONTHLY Income (Including Military/Military Housing)
	$	$	$	$	$
	$	$	$	$	$
	$	$	$	$	$
	$	$	$	$	$
	$	$	$	$	$
	$	$	$	$	$

5. ***SIGNATURE AND SOCIAL SECURITY NUMBER:*** I certify that all of the above information is true and correct and that income is reported. I understand that this information is being given for the receipt of federal funds, that institution officials m verify the information on the application, and that deliberate misrepresentation of the information may subject me to prosecut under applicable state and federal laws.

X _____ Signature of Adult Household Member X _____ Social Security Number** (See reverse page). Date: _____

Home Phone Number: _____ Work Phone Number: _____ Printed Name: _____

Street/Apt. No.: _____ City/State/Zip: _____

6. ***RACE:*** Please check the racial or ethnic identity of your children. You are not required to answer this question.
White, not Hispanic ☐ Black, not Hispanic ☐ Hispanic ☐ Asian/Pacific Islander ☐ American Indian/Alaskan Native

(See reverse page).