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

CACFP 106 (Rev. 06-26)
FY 2026 FRPM Application

# CHILD AND ADULT CARE FOOD PROGRAM (CACFP)

## MEAL BENEFIT INCOME ELIGIBILITY FORM

**FREE AND REDUCED PRICE MEAL (FRPM) APPLICATION FORM (July 1, 2026 – June 30, 2027)**

**INSTITUTION NAME:** _____ **FACILITY NAME:** _____

**PART1. 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 FDPIR # 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/FDPIR/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 | |
| | $ / | $ / | $ / | $ / | ❑ |
| | $ / | $ / | $ / | $ / | ❑ |
| | $ / | $ / | $ / | $ / | ❑ |
| | $ / | $ / | $ / | $ / | ❑ |
| | $ / | $ / | $ / | $ / | ❑ |
| | $ / | $ / | $ / | $ / | ❑ |

**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/FDPIR/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 the participant's eligibility status as Free, Reduced, or Above.**

# Effective July 1, 2026 to June 30, 2027

| **Free Price Meal Eligibility:** | | | | | | |
|---|---|---|---|---|---|---|
| Households with incomes **less than or equal to** these levels are eligible for **free** price meals. | Household Size | Yearly | Monthly | Twice Per Month | Every Two Weeks | Weekly |
| | 1 | $20,748 | $1,729 | $865 | $798 | $399 |
| | 2 | $28,132 | $2,345 | $1,173 | $1,082 | $541 |
| | 3 | $35,516 | $2,960 | $1,480 | $1,366 | $683 |
| | 4 | $42,900 | $3,575 | $1,788 | $1,650 | $825 |
| | 5 | $50,284 | $4,191 | $2,096 | $1,934 | $967 |
| | 6 | $57,668 | $4,806 | $2,403 | $2,218 | $1,109 |
| | 7 | $65,052 | $5,421 | $2,711 | $2,502 | $1,251 |
| | 8 | $72,436 | $6,037 | $3,019 | $2,786 | $1,393 |
| | Each additional family member add | + $7,384 | + $616 | + $308 | + $284 | + $142 |
| **Reduced Price Meal Eligibility:** | | | | | | |
| Households with incomes **less than or equal to** these levels are eligible for **reduced** price meals. | Household Size | Yearly | Monthly | Twice Per Month | Every Two Weeks | Weekly |
| | 1 | $29,526 | $2,461 | $1,231 | $1,136 | $568 |
| | 2 | $40,034 | $3,337 | $1,669 | $1,540 | $770 |
| | 3 | $50,542 | $4,212 | $2,106 | $1,944 | $972 |
| | 4 | $61,050 | $5,088 | $2,544 | $2,349 | $1,175 |
| | 5 | $71,558 | $5,964 | $2,982 | $2,753 | $1,377 |
| | 6 | $82,066 | $6,839 | $3,420 | $3,157 | $1,579 |
| | 7 | $92,574 | $7,715 | $3,858 | $3,561 | $1,781 |
| | 8 | $103,082 | $8,591 | $4,296 | $3,965 | $1,983 |
| | Each additional family member add | + $10,508 | + $876 | + $438 | + $405 | + $203 |

**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 (CID), 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.

**Nondiscrimination Statement:** This explains what to do if you believe you have been treated unfairly. 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 Compliant Form which can be obtained online at: USDA Program Nondiscrimination Complaint Form, 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.

# INSTRUCTIONS FOR THE FREE/REDUCED PRICE MEAL (FRPM) APPLICATION FORM

## If your household receives SNAP, FITAP, FDPIR, or SSI/Medicaid, follow these instructions:

**Part 1:** **Child Care Center:** List participant's complete legal name, age and date of birth (DOB). Indicate CID, FITAP or FDPIR case number, if applicable.

**Adult Day Care (ADC)**: List participant's complete name and DOB. Indicate a CID, FITAP, FDPIR, or SSI/Medicaid case number, if applicable.

**Part 2:** Skip this part.

**Part 3:** An adult household member must indicate normal days/hours of care and meal types for the enrolled child.

**Part 4:** An Adult must Sign, enter the last 4 digits of their Social Security Number or mark the box if there is no SSN, date, and complete the contact information.

**Part 5:** Answering this question is optional.

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

**Part 1:** Enter the child's name, age, and DOB.
Check "Yes"

**Part 2:** **NOTE:** A Foster Child is the legal responsibility of a welfare agency or court. Eligibility is categorically Free.
If the Foster Child receives "**personal earned income"** enter that amount in Part 2, section 4.
Income received by the placing agency should not be included as income.

**Part 3:** An adult household member must indicate normal days/hours of care and meal types for the enrolled child.
**(Days, hours, and meal types may vary based on actual participation)**

**Part 4:** Sign the form. A Social Security Number is **not** necessary.

**Part 5:** Answering this question is optional.

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

**Part 1:** **Child Care Center:** List participant's complete legal name, age, and DOB. Indicate CID, FITAP or FDPIR case number, if applicable.

**Adult Day Care (ADC)**: List participant's complete name, age, and DOB. Indicate a CID, FITAP, FDPIR, or SSI/Medicaid case number, if applicable.

**Part 2:** Follow these instructions to report total household income from last month.
**Column A–Name:** List first and last name of **each** person living in the household, related or not, such as, grandparents, other relatives, or friends, including yourself, the applicant and all other children.
**Column B–Gross income last month and how often it was received**. Next to each person's name, list each type of income received last month, and how often it was received.
**In Box 1**, list **gross income** each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** Next to the amount each person received, write how often; for example: weekly, every other week, twice a month, or monthly.
**In box 2**, list amount each person received last month from welfare, child support, or alimony.
**In box 3**, list Social Security, pensions, and retirement.
**In box 4**, list **ALL OTHER INCOME SOURCES:** Personal earned income by a Foster Child, Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people not in your household. Report net income of self-owned business, farm, or rental income. Next to the amount each person received, write how often. Participants of the Military Housing Privatization Initiative should not include housing allowance.
**Column C–Check if no income:** If the person does not have any income, check the box.

**Part 3:** An adult household member must indicate normal days/hours of care and meal types for the enrolled child.
**ADC:** SSI/Medicaid recipients skip this part.

**Part 4:** An Adult household member must sign, enter the last 4 digits of their Social Security Number, date, and complete the contact information or mark the box if there is no SSN. Adult Day Care participants, who are unable to sign, may indicate their **"MARK"** as signature with a witness.

**Part 5:** Answer this question if you choose to.