

If you need help filling out the Income Eligibility Form (NS-200-A), contact:

Center Representative: \_\_\_\_\_

Telephone: \_\_\_\_\_

### **Part 1 - Enrolled participant's information**

Print the names, date of birth and date enrolled of each person in the household enrolled at this center.

### **Part 2 - Benefit Information**

If the person(s) listed in Part 1 receives benefits from Supplemental Nutrition Assistance Program (SNAP), Medicaid, Supplemental Security Income (SSI) or the Food Distribution Program on Indian Reservations (FDPIR), circle the benefit and list the case number. If providing a case number, you do not have to complete Part 3. If you do not receive the benefits listed in Part 2, go on to Part 3.

### **Part 3 - Household Members and Monthly Income**

This part is to be completed by those households who do not receive Supplemental Nutrition Assistance Program (SNAP), Medicaid, SSI or FDPIR benefits.

**Step One** - Print the names of everyone in your household, even if they have no income.

*NOTE:* A "family" is defined as the adult participant and, if residing with the adult participant, the spouse and dependent(s) of the adult participant. There may be instances in which a spouse or dependent does not live continuously with the participant. The spouse or dependent continues to be considered a part of the participant's family as long as his/her usual residence is with the participant. Functionally impaired adults living with their parents are considered a "family" separate from their parents for the purpose of determining family size and income.

**Step Two** - Write the amount of monthly income each person receives on the same line as their name. This income must be listed under the appropriate column – Earnings from Work before Deductions; Welfare, Child Support, Alimony; Pensions, retirement, Social Security; and Other. If the amount received most recently is higher or lower than usual, write that person's usual income instead.

*NOTE:* Income for the purpose of determining free and reduced price meal eligibility includes earnings, wages, welfare payments, pensions, support payments, unemployment compensation, social security and other cash income received or withdrawn from any other source, including savings, investments, trust accounts, and other resources. Individual Retirement Accounts and Keogh

withdrawals are considered income.

### **Part 4 - Signature**

Sign and date the application. Include the last four digits of your social security number (unless you listed a case number in Part 2 or you do not have one).

### **Part 5 – Racial/Ethnic Identity - Optional**

Check the box that indicates the racial/ethnic group of the participant. This information is collected to make sure all participants receive benefits on a fair and equitable basis.

### **Income Conversions**

If you report multiple frequencies of pay, total income must be calculated on an annual basis. Use the following conversions. Income calculations are made based on the following formulas:

- Monthly income is calculated by dividing the annual income by 12.
- Twice monthly income is computed by dividing the annual income by 24.
- Income received every two weeks is calculated by dividing annual income by 26.
- Weekly income is computed by dividing annual income by 52.
- All numbers are rounded upward to the next whole dollar.

### **Types of Income**

Include all income from all sources for all persons living in your household. Report income from the following sources:

#### **Earnings From Work**

Wages/salaries/tips  
Strike benefits  
Unemployment compensation  
Worker's compensation  
Net income from self-owned business or farm

#### **Pensions/Retirement/Social Security**

Pensions  
Supplemental Security Income  
Veteran's payments  
Social security

#### **Welfare/Child Support/Alimony**

Public assistance payments

Welfare payments

Alimony/child support payments

**Other Income**

Disability benefits

Cash withdrawn from savings

Interest/Dividends

Income from Estate/Trusts/Investments

Regular contributions from persons not living in the household

Net royalties/annuities/net rental income

Any other income

**Do not report as income:** scholarships, educational benefits, Supplemental Nutrition Assistance Program (SNAP), children's incidental income from such occasional activities as babysitting, shoveling snow and mowing lawns.

**Part 5 - Signature**

Every application must be signed by an adult household member and, unless a case number is listed in Part 2, must include that person's social security number. If the person signing the application does not have a social security number, write "none." You may apply for benefits at any time. When you have completed the application, return it to the care center as soon as possible. Thank you for your assistance.

**Non-discrimination Statement:** This explains what to do if you believe you have been treated unfairly. The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) *The first six protected bases of race, color, national origin, age, disability and sex are the six protected bases for applicants and recipients of the Child Nutrition Programs.*

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html)

, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

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