



2025-2026 Income Eligibility Form Letter for Child Care Centers

Congratulations! You have chosen a child care provider that participates in the Colorado Food Program (CFP). The CFP makes healthy food a regular part of your child's day care. Participating in the CFP means that the center cares about good nutrition for children, will introduce and serve a variety of nutritious foods for your child to eat, and will serve foods appropriate for your child's nutritional needs.

Please complete, sign, and return this Income Eligibility Form (IEF) to the center as soon as possible. Completing this form allows your child care center to provide healthy meals and snacks to your child while in care. The CFP ensures that this form is confidential and that the information you provide will not be used elsewhere.

The provider you have chosen cannot charge a separate fee for meals or ask you to provide food for your child for meals claimed for reimbursement from the CFP, except in some special cases. Depending on the hours of care, your provider will be serving your child breakfast, a morning snack, lunch, an afternoon snack, supper, and/or a late snack.

Please make sure to fill in all of the requested information. Use a pen to mark your answers on one form. Below are some instructions to help you fill out the form.

Step 1:

List all the children from your household in the day care. Use one line for each child's name and complete each box. If there are more children, add their names on a second IEF or piece of paper. List each child's name, age, normal days or times in care, and circle meals or snacks normally received in care.

If any of the children living in the household are beneficiaries of the Other Source Categorically Eligible Programs (Foster, Head Start/Early Head Start or Even Start Program, Homeless, Migrant, or Runaway), mark the box next to the program that applies. The institution collecting the form must verify the child's participation in the program by obtaining documentation from the placement office if the child is a foster child, the Even Start or Head Start official if the child or pregnant mother is enrolled in Head Start or Early Head Start, or the child is an Even Start participant, and the Migrant, Homeless, or Runaway program officials. For Even Start, documentation from the Even Start official confirms that the child has not yet entered kindergarten.

Step 2:

If any person in your household receives benefits from the Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), or Food Distribution Program on Indian Reservations (FDPIR) write the case number on the form. The income reporting and the disclosure of the last four digits of the Social Security Number (SSN) in Step 3 are not required if the household receives TANF, SNAP or FDPIR benefits.

Step 3:

If no person in your household receives benefits from the programs listed in Step 2, please list your household's total gross income from the current month, the amount projected for the first month the application is made for, or the month prior to the application. The U.S. Department of Agriculture, which funds the CFP, defines a household as a group of related or unrelated individuals who are living as one economic unit and who share housing and all significant income and expenses.

How do you report child income? Use the Source of Income for Children chart on the IEF to see if your household has income to report. Write the amount in the boxes in Part A of the form. Mark how often the amount is earned. Write zero in the box if there is no income to report.

In part B, list all the adults in your household, including you, even if each of you does not receive income. Include all adults, such as grandparents, other relatives, and friends who live with you and share household income and expenses. Write the amount of income each of you receives in the boxes next to your names. Mark how often the amount is received. Write zero in the box if there is no income to report.

Make sure you report the current amount of money you get before taxes. Do not include SNAP, FDPIR, WIC, student financial aid, or money you receive for a foster child as income.

Count the number of children and adults in your household. Include all infants, children, students, and adults. Write the total number in the box under the list of adult household members.

Do you or another adult household member have a Social Security number? Write the last four digits in the boxes. If there is no Social Security number, mark the "Check if no SSN box."

If no person in your household receives benefits from Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), or the Food Distribution Program on Indian Reservations (FDPIR), you must provide the last four digits of your Social Security Number according to regulations.

Step 4:

An adult household member must sign and date this form. The signer promises that all information is true and complete.

Print the name, address, and telephone or email of the adult signer. Sign and write today's date in the marked boxes.

Household Income Chart

If your household's income is less than or the same as the amounts indicated for your household's size on the chart below, the center will receive more meal reimbursement from the Colorado Food Program (CFP) to help provide the best meals possible for the children in care.

Household Size	1	2	3	4	5	6	7	8	For each additional person add:
Yearly	28953	39128	49303	59478	69653	79828	90003	100178	+10175
Monthly	2413	3261	4109	4957	5805	6653	7501	8349	+848
Weekly	557	753	949	1144	1340	1536	1731	1927	+196

This chart is not to be used for determining eligibility by center staff, but is a guide for families completing the form.

Nondiscrimination Statement (Revised May 2022)

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 (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, 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: Mail: US Department of Agriculture Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; or fax: (833) 256-1665 or (202) 690-7442; or email: program.intake@usda.gov This institution is an equal opportunity provider.

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STEP 1: List ALL children in day care

Children in Foster care or Head Start and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Review the Dear Parent Letter for more details. If there are more than three children, please complete an additional form.

Child's First and Last Name	Age	Circle Normal Days/ Print Normal Hours of Care Sun Mon Tu Wed Th Fri Sat Normal Hours ____ to ____	Circle Meals and Snacks Normally Received				Check all that apply			
			Breakfast P.M. Snack Supper	A.M. Snack Supper	Lunch Eve. Snack	Foster Child	Migrant	Runaway	Homeless	Head Start
		Sun Mon Tu Wed Th Fri Sat Normal Hours ____ to ____	Breakfast P.M. Snack Supper	A.M. Snack Supper	Lunch Eve. Snack					
		Sun Mon Tu Wed Th Fri Sat Normal Hours ____ to ____	Breakfast P.M. Snack Supper	A.M. Snack Supper	Lunch Eve. Snack					
		Sun Mon Tu Wed Th Fri Sat Normal Hours ____ to ____	Breakfast P.M. Snack Supper	A.M. Snack Supper	Lunch Eve. Snack					

STEP 2: Do any household members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR?

IF YES → Write the case number here & proceed to STEP 4 (Do not complete STEP 3) CASE NUMBER: _____ (Write only one case number in this space.)
 IF NO → Go to STEP 3

STEP 3: Report Income for ALL Household Members (Skip this step if you answered Yes to Step 2)

Flip the page for information on sources of income for child income and Household Members.

A. Child Income

Sometimes children in the household earn or receive income.

Please include the TOTAL income received by any children listed in STEP 1.

B. All other Household Members (including yourself)

List other household members not listed in STEP 1 (include yourself) even if they do not receive income. For each household member listed, if they do not receive income, report total gross income (before taxes) for each source in whole dollars (no cents). If they do not receive income from any source, write '0'. If you enter '0', you are certifying that there is no income to report.

Child Income:	Circle one: Yearly Monthly Bi-weekly Weekly

Name of other Household Members (First and Last Names)	Earnings from Work	How Often?	Welfare/ Child Support/ Alimony	How Often?	Pensions/ Retirement/ Social Security/SSI/VA Benefits	How Often?
		Yearly (Y) Monthly (M) Bi-Weekly (B) Weekly (W)		Yearly (Y) Monthly (M) Bi-Weekly (B) Weekly (W)		Yearly (Y) Monthly (M) Bi-Weekly (B) Weekly (W)
	\$				\$	
	\$				\$	
	\$				\$	
Total household Members (Children and Adults)	Last Four Digits of Social Security Number (SSN) of primary wage earner or other adult household member. XXX-XX-XXXX					

STEP 4: Contact Information and Adult Signature

"I certify that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds and that CFP officials may verify that information. I am aware that I purposely give false information, the participant/center may lose meal benefits and I may be prosecuted under applicable State and Federal laws."

Print Name of Adult Signing the Form	Signature of Adult	Today's Date
Address	City, State, Zip	Phone/Email



COLORADO
Food Program

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Source of Income for Children	
Sources of Child Income	Examples
Earnings from work	A child has a regular full or part-time job where they earn a salary or wages.
Social Security - Disability Payments - Survivors Benefits	A child is blind or disabled and receives Social Security benefits. A parent is disabled, retired or deceased, and their child receives Social Security benefits.
Income from person outside of household	A friend or extended family member regularly gives a child spending money.
Income from any other source	A child receives regular income from a private pension fund, annuity or trust.

STEP 5: Children's Ethnic and Racial Identities

We are required to ask for information about your children's race and ethnicity. Responding does not affect your children's eligibility for receiving meals during care. Check all boxes that apply to the child(ren) in care.

Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino
Race: ☐ White (Includes Hispanic and Latino) ☐ Black or African American

☐ Asian ☐ Native Hawaiian or Other Pacific Islander ☐ American Indian or Alaskan Native

Nondiscrimination Statement Revised May 2022

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For center staff use only

Annual Income Conversion: Weekly x 52, Biweekly x 26, Monthly x 12

Household Last Name:

Total Income	\$	How Often? (Circle One)	Yearly Bi-Weekly	Monthly Weekly	Household size:	Eligibility	Free	Reduced	Paid

Determining Official's Signature

Month/Year

Expiration Date* (Month/Year)

Today's Date

*This form expires 12 months after the month in which the institution makes the determination.
Example: If the determination is July 2025, the form is valid from July 1, 2025 through July 31, 2026. The institution may use the date the participant/guardian signs the Income Eligibility Form OR the date the institution's official make the determination and signs the Income Eligibility Form. The same approval method selected must be used for all forms approved by the institution.

Revised 04/2025