**Income[[1]](#footnote-1) Application Checklist**

***Before processing an application, the date the application was received must be recorded by hand or electronically.***

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| 1. **Names of All Household Members** | |
| *Does the number of names recorded match the number recorded for the total number of household members?*   * If yes, go to Number 2. * If no, mark this issue for follow-up and continue to Number 2. | |
| 1. **Last 4 Digits Social Security Number (Not required for SNAP/TANF)** | |
| *Have the last 4 digits of adult household member’s Social Security number been listed or is the box for no Social Security number checked?*   * If yes, continue to Number 3. * If no, mark this issue for follow-up and continue to Number 3. | |
| 1. **Amount, Frequency, and Source of Current Income***[[2]](#footnote-2)* **for All Adults and Children in the Household** | |
| ***For Adults:*** *Do all adult names listed on the application have an indication of income or no income?*   * If yes, continue to next question in this section. * If no, mark this issue for follow-up and continue to the next question in this section.   ***For Students:*** *Does the application have combined income for all children in the household?*   * If yes, continue to the next question in this section. * If no, continue to the next question in this section.   ***For Adults and Students:*** *Is the income frequency reported for all incomes on the application?*   * If yes and all amounts are reported in the same frequency, calculate total household income, and continue to Question 4. * If yes and amounts are reported in different frequencies, use the conversion chart to calculate yearly income. Then, calculate the total household income, and continue to Question 4. * If no, mark this issue for follow-up and continue to Question 4. | **Guidance on Calculating Income**  Monthly, bi-weekly, or weekly current income must include the following:   * amount earned or to be earned in the current month; * amount projected for the month for which the household school meal application is completed; or * month prior to the filling out the household school meal application.   If yearly, current income is the gross amount reported without deductions. If yearly and self-employed, the amount reported is net income.  **Conversion Amounts**   * Weekly amount times 52 * Bi-weekly/ every 2 weeks amount times 26 * Monthly amount times 12 |
| 1. **Signature of Adult Attesting to the Accuracy** | |
| *Does an adult in the household sign the application and is the adult listed as a household member?*   * If yes, continue to Number 5. * If no, mark this issue for follow-up and continue to Number 5. | |
| 1. **Eligibility Determination**   If there are any follow-up issues, address those issues before making the eligibility determination.  If there are no follow-up issues, continue with the eligibility determination. | |
| *What eligibility does the total income indicate?*   * Use the total amount from Number 3 and the current Income Eligibility Guidelines (IEGs) chart to determine the eligibility of the students in the household and record the date of determination. * Notify the household of the eligibility determination. | |

**Categorical Application Checklist**

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| 1. **Names of All Household Members** | |
| *Does the number of names recorded match the number recorded for the total number of household members?*   * *For All Other Categorical Programs:* If yes, continue to Number 2   *For SNAP/TANF:* Not required.   * If no, mark this issue for follow-up and continue to Number 2. | |
| 1. **Last 4 Digits of Social Security Number (Not required for SNAP/TANF)** | |
| *Have the last 4 digits of adult household member’s Social Security number been listed or is the box for no Social Security number checked?*   * *For All Other Categorical Programs:* If yes, continue to Number 3   *For SNAP/TANF:* Not required.   * If no, mark this issue for follow-up and continue to Number 3. | |
| 1. **Indication of Categorical Eligibility** | |
| *Is there a box checked for categorical eligibility for an individual student or SNAP/ TANF eligibility for the entire household and is participation validated?*   * If yes, continue to Number 4. * If no, mark this issue for follow-up and continue to Number 4. | **Guidance for Validating Categorical Eligibility:**  Foster children do not need to be validated.  For SNAP/TANF, is the Eligibility Determination Group Number (EDG#) provided formatted correctly?  Nine-digit number that begins withany number 0-9 or eight-digit number starting with a 1-9, but not a zero. The eight-digit number is created when a nine-digit number begins with a 0, and the 0 is dropped.  For homeless, including runaways and individuals displaced by declared disasters; migrant; and/or designated state or federally funded pre-kindergarten programs, including Early Head Start, Even Start, and Head Start, is there a list or other documentation that indicates the student’s participation in the program? |
| 1. **Signature of Adult Attesting to the Accuracy** | |
| *Does an adult in the household sign the application and is the adult listed as a household member?*   * *For All Other Categorical Programs:* If yes, continue to Number 5.   *For SNAP/TANF:* Not required.   * If no, mark this issue for follow-up and continue to Number 5. | |
| 1. **Eligibility Determination**   If there are any follow-up issues, address those issues before making the eligibility determination.  If there are no follow-up issues, continue with the eligibility determination. | |
| *For All Other Categories*   * If the application indicates that a student is categorically eligible, mark the student as eligible for free and record the date of determination. *NOTE: Other students in the household are not eligible for free meals based on these categorical programs.*   *For SNAP/TANF*   * If the EDG# is validated, mark the household as eligible for free and record the date of determination. All students in the household are eligible for free meals. Notify the household of the eligibility determination. * If the EDG# is not validated, mark the household as ineligible for free and record the date of determination. Notify the household of the eligibility determination.   *For Foster*   * If the application indicates foster, mark the student as eligible for free and record the date of determination. Notify the household of the eligibility determination. *NOTE: Other students in the household are not eligible for free meals based on the foster child’s eligibility.* | |

1. If the household submits an income application and also checks a student as a participant in a categorical program, apply the income determination to all students who are not categorically eligible. However, if any member of the household is a SNAP or TANF participant, all students in the household qualify as free. [↑](#footnote-ref-1)
2. If the application and/ or instructions states that leaving an income field blank will be counted as no income, the CE does not need to follow up with the household if an income field is left blank. [↑](#footnote-ref-2)