Delaware

Department of Education

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June 12, 2026

MEMORANDUM

TO: Child and Adult Care Food Program (CACFP) Sponsors

FROM: Aimee F. Beam, MS, RD
Director, Nutrition Programs

RE: **2026 Operational Memo #16 FY27 Income Eligibility Forms**

To ensure compliance with CACFP Federal Regulations, the Delaware Department of Education (DDOE) has updated the Income Eligibility Form (IEF), Instructions, and Household Information Letters. All forms are attached to this memo.

- DE Prototype IEF 26-27: No major changes have been made since last year.
- DE Prototype IEF Instructions: These should be distributed to parents/guardians/adult participants along with the IEF. The instructions go through each part of the IEF and explain in detail how to fill it out.
- Non-pricing IEF Household Information Letter 26-27: This must be distributed to participants along with the IEF and instructions if you are a non-pricing program.
- Pricing IEF Household Information Letter 26-27: This should be distributed to participants along with the IEF and instructions if you are a pricing program (charging for meals).

These forms should be used immediately or the next time you complete an annual collection of IEFs. There will be detailed training on processing IEFs as part of reapplication for FY27, including what is considered a complete form and how to properly determine eligibility.

Please contact our office with any questions at 302-857-3356.

Attachments: DE Prototype IEF 26-27
DE Prototype IEF Instructions
Non-pricing IEF Household Information Letter 26-27
Pricing IEF Household Information Letter 26-27

cc: Nutrition Team

Household Information Letter for Pricing Institutions
Child and Adult Care Food Program

[Date]

Dear Parent or Guardian:

[Name of Center] offers healthy meals and snacks to participants as part of the Child and Adult Care Food Program (CACFP). Eligibility for free or reduced-price meals depends on your income. Participants qualify if household income is less than or equal to the limits on this chart:

Federal Income Standards for Reduced-Price Meals for July 1, 2026 - June 30, 2027		
Household size	Yearly Income	Monthly Income
1	$29,526	$2,461
2	$40,034	$3,337
3	$50,542	$4,212
4	$61,050	$5,088
5	$71,558	$5,964

You can find out if **[you/your child]** is eligible by filling out a *CACFP Income Eligibility Form*. Please be sure to read the instructions carefully. Fill in all the information we request. We can only approve complete forms. Please send the completed form to: **[Name, Address],** email securely to **[email address]** or return to the center.

If we approve your form, meal eligibility is effective for 12 months. We may check the information on the form, at any time during the year, to confirm that **[you/your child]** was eligible when you applied.

In the operation of federal nutrition programs, no person will be discriminated against because of race, color, national origin, sex, age, or disability. If you disagree with our decision, you have the right to appeal it. If you have questions or want to request an appeal, please contact **[Name]** at **[Phone Number]** or **[Email Address]**.

Thank you for taking the time to apply. We hope **[you/your child]** enjoys CACFP meals!

Sincerely,

Signature

[Name]
[Title]

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2026 - 2027 Delaware Prototype Income Eligibility Form

Complete one application per household. Please use a pen (not a pencil).

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

Definition of **Household Member**: "Anyone who is living with you and shares income and expenses, even if not related."

Children in **Foster care** and children who meet the definition of **Homeless, Migrant** or **Runaway** are eligible for free meals. Read **How to Apply for Free and Reduced-Price School Meals** for more information.

Child's First Name	MI	Child's Last Name	DOB	Enrolled? Yes	Enrolled? No	Check all that apply: Foster Child	Check all that apply: Homeless, Migrant, Runaway
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐

STEP 2 ENROLLMENT INFORMATION

Start Date: **Arrival Time:** **AM/PM** **Departure Time:** **AM/PM** **Shift Work: Yes/No**

***Normal* days of week Participant(s) is/are in care** *(circle all that apply)*: **Mon** **Tues** **Wed** **Thurs** **Fri** **Sat** **Sun**

Meals eaten at Providers/Center: (*Circle all that apply. CACFP provides reimbursement for up to 2 approved meals and one snack per day/participant*):

Breakfast **AM Snack** **Lunch** **PM Snack** **Supper** **Evening Snack**

STEP 3a CHILD CARE PROGRAM PARTICIPANTS ONLY: Do any Household Members (including you) currently participate in any of the following assistance programs: SNAP or TANF?

If NO > Go to STEP 4. **If YES >** Write a case number here, then go to STEP 5 (DO NOT COMPLETE STEP 4) **Case Number:** _____

STEP 3b ADULT DAY CARE PROGRAM PARTICIPANTS ONLY Name of Adult Participant: _____

Do any Household Members (including you) currently receive one or more of the following assistance programs: SNAP, TANF, SSI, or Medicaid? Circle one: Yes / No

If NO > Go to STEP 4. **If YES >** Write a case number here, then go to STEP 5 (DO NOT COMPLETE STEP 4). **Case Number:** _____

STEP 4 Report Income for ALL Household Members (Skip this step if you answered "Yes" and provided a case number in STEP 3a or 3b)

Are you unsure what income to include here?

Read "Sources of Income" in the instructions for more information.

The "Sources of Income for Children" chart will help you with the Child Income section.

The "Sources of Income for Adults" chart will help you with the All Adult Household Members section.

A. Child Income

Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

Child income $ _____ How often? Weekly ○ Bi-Weekly ○ 2x Month ○ Monthly ○

B. All Adult Household Members (including yourself)

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work	How often? Weekly ○ Bi-Weekly ○ 2x Month ○ Monthly ○	Public Assistance/ Child Support/Alimony	How often? Weekly ○ Bi-Weekly ○ 2x Month ○ Monthly ○	Pensions/Retirement/ All Other Income	How often? Weekly ○ Bi-Weekly ○ 2x Month ○ Monthly ○
	$		$		$	
	$		$		$	
	$		$		$	
	$		$		$	
	$		$		$	

Total Household Members (Children and Adults) _____

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member X X X X X _____ **Check if no SSN** ☐

STEP 5 An adult household member must sign and date this form before it can be approved.

"I certify (promise) 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 CACFP officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Street Address (if available) | Apt # | City | State | Zip | Daytime Phone and Email (optional)

Printed name of adult signing the form | Signature of adult | Today's date

OPTIONAL Racial and Ethnic Identities

We are required to ask for information about your race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your eligibility for free or reduced-price meals.

Ethnicity (check one): ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race (check one or more): ☐ American Indian or Alaskan Native ☐ Native Hawaiian or Other Pacific Islander ☐ Black or African American ☐ Asian ☐ White

The Richard B. Russell National School Lunch Act requires that we use information from this application to see who qualifies for free or reduced-price meals. We can only approve complete forms. We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met.

Please be sure to provide the last four numbers of the Social Security number of the adult household member who signs the application. If the adult does not have one, 'Check if no Social Security Number'. Applications for a foster child do not need to list a Social Security number. Applications for children in households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) do not need to list a Social Security number.

Some children qualify for free meals without an application. Please contact your school to get free meals for a foster child, and children who are homeless, migrant, or runaway.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Mail Stop 9410, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

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Families - DO NOT FILL OUT. Sponsors MUST fully complete this section.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24 Monthly x 12

Total Income | How often? Weekly Bi-Weekly 2x Month Monthly | **Household Size**

Determining Official's Signature | **Date**

Categorical Eligibility (If Yes, Check One):
☐ SNAP (Food Stamp) Household
☐ TANF Household ☐ Head-Start ☐ ECAP
☐ Foster ☐ Homeless/Migrant/Runaway
☐ SSI (adult participant only)
☐ Medicaid (adult participant only)

DATE WITHDRAWN: _____

Eligibility

Free	Reduced	Paid
☐	☐	☐

HOW TO APPLY FOR FREE AND REDUCED-PRICE MEALS

Please use these instructions to help you fill out the application for free or reduced-price meals. You only need to submit one application per household, even if you have more than one participant enrolled at this center. The application must be filled out completely to certify your children for free or reduced-price meals. Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact [Sponsor contact here; phone and email preferred].

PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.

STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12 INCLUDING ANY WHO ARE NOT ENROLLED AT THE CENTER

Tell us how many infants, children, and school students live in your household. They do NOT have to be related to you to be a part of your household.

Who should I list here? When filling out this section, please include ALL members in your household who are:

- Children aged 18 or under AND are supported with the household's income; and/or
- In your care under a foster arrangement, or qualify as homeless, migrant, or runaway youth.

A) List each child's name. Print each child's name. Use one line of the application for each child. When printing names, write one letter in each box. Stop if you run out of space. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children. Include each child's date of birth (DOB) in the DOB column.	B) Is the child enrolled at [name of center here]? Mark 'Yes' or 'No' under the column titled "Enrolled?" to tell us which children attend [name of center here].	C) Do you have any foster children? If any children listed are foster children, mark the "Foster Child" box next to the child's name. If you are ONLY applying for foster children, after finishing **STEP 1 and 2**, go to **STEP 5**. Foster children who live with you may count as members of your household and should be listed on your application. If you are applying for both foster and non-foster children, **complete step 2 and 3.**	D) Are any children homeless, migrant, or runaway? If you believe any child listed in this section meets this description, mark the "Homeless, Migrant, Runaway" box next to the child's name and complete all steps of the application. Migrant means participating in the Migrant Education Program (MEP).

STEP 2: ENROLLMENT INFORMATION

This section is to be completed for all children attending the childcare center/home or for the adult participant attending an adult day care center. Complete the enrollment information including original start date at the center/home, normal arrival and departure times, normal days of the week the participant is in attendance, and normal meals eaten at the center. If the parent/guardian works shiftwork, please indicate that.

STEP 3a: CHILD CARE PARTICIPANTS ONLY: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP and/or TANF?

If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free meals:

- Delaware Supplemental Nutrition Assistance Program (SNAP)
- Delaware Temporary Assistance for Needy Families (TANF)

Write a case number for SNAP or TANF and then go to STEP 5. Do not write an EBT card number here. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact your case manager.

If no one in your household participates in any of the above listed programs:

- **Leave STEP 3 blank and go to STEP 4.**

STEP 3b: FOR ADULT DAY CARE PARTICIPANTS ONLY: DO ANY HOUSEHOLD MEMBERS CURRENTLY RECEIVE SNAP, TANF, SSI, or Medicaid benefits? Please also include the name of the adult participant here.

A) If no one in your household participates in any of the above listed programs:	B) If anyone in your household participates in any of the above listed programs:
• Leave **STEP 3** blank and go to **STEP 4.**	• **Write a case number for SNAP, TANF, SSI, or Medicaid and then go to STEP 5. Do not write an EBT card number here.** You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact your case manager.

STEP 4: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

How do I report my income?

- Use the charts titled **"Sources of Income for Adults"** and **"Sources of Income for Children,"** to determine if your household has income to report.
- Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents.
  - Gross income is the total income received before taxes.
  - Many people think of income as the amount they "take home" and not the total, "gross" amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.
- Write a "0" in any fields where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write "0" or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, your application will be investigated.
- Mark how often each type of income is received using the check boxes to the right of each field.

4.A. REPORT INCOME EARNED BY CHILDREN

A) Report all income earned or received by children. Report the combined gross income for ALL children listed in STEP 1 in your household in the box marked "Child Income." Only count foster children's income if you are applying for them together with the rest of your household.

What is Child Income? Child income is money received from outside your household that is paid DIRECTLY to your children. Many households do not have any child income.

4.B. REPORT INCOME EARNED BY ADULTS

Who should I list here?

- When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, even if they are not related and even if they do not receive income of their own. If there is no income, enter "0". If left blank, you are indicating there is no income. **If you decline to provide income information, please write "DECLINE". Your form will be denied for free or reduced-price meals.**
- ***Do NOT include:***
  - People who live with you but are not supported by your household's income AND/OR do not contribute income to your household.
  - Infants, children, and students already listed in **STEP 1.**

B) List adult household members' names. Print the name of each household member in the boxes marked "Names of Adult Household Members (First and Last)." Do not list any household members you listed in **STEP 1.** If a child listed in **STEP 1** has income, follow the instructions in **STEP 4, part A.**	C) Report earnings from work. Report all income from work in the "Earnings from Work" field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income. **Check the box indicating the frequency of pay.** ***What if I am self-employed?*** Report income from that work as a net amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.	D) Report income from public assistance/child support/alimony. Report all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. Do not report the cash value of any public assistance benefits NOT listed on the chart. If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as "other" income in the next part. **Check the box indicating the frequency of pay.**

E) Report income from pensions/retirement/all other income. Report all income that applies in the "Pensions/Retirement/ All Other Income" field on the application. **Check the box indicating the frequency of pay.**	F) **Report total household size.** Enter the total number of household members in the field "Total Household Members (Children and Adults)." This number MUST be equal to the number of household members listed in **STEP 1** and **STEP 4**. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household affects your eligibility for free and reduced-price meals.	G) **Provide the last four digits of your Social Security Number.** An adult household member must enter the last four digits of their Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled "Check if no SSN." **The form will not be processed without this information.**

Sources of Income for Children

Sources of Child Income	Example(s)
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages
- Social Security - Disability Payments - Survivor's 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 the 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

Sources of Income for Adults

Earnings from Work	Public Assistance / Alimony / Child Support	Pensions/Retirement /All Other Income
– Salary, wages, cash bonuses – Net income from self- employment (farm or business) – If you are in the U.S. Military: – Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) – Allowances for off-base housing, food and clothing	– Unemployment benefits – Worker's compensation – Supplemental Security Income (SSI) – Cash assistance from State or local government – Alimony payments – Child support payments – Veteran's benefits – Strike benefits	– Social Security (including railroad retirement and black lung benefits) – Private pensions or disability benefits – Regular income from trusts or estates – Annuities – Investment income – Earned interest – Rental income

STEP 5: CONTACT INFORMATION AND ADULT SIGNATURE

All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. Before completing this section, please also make sure you have read the privacy and civil rights statements on the back of the application.

A) **Provide your contact information (OPTIONAL).** Write your current address in the fields provided if this information is available. If you have no permanent address, this does not make your children ineligible for free or reduced-price meals. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.	B) **Print and sign your name and write today's date (REQUIRED).** Print the name of the adult signing the application and that person signs in the box "Signature of adult."	C) **Mail Completed Form to: Insert center address here Or return to your child's center.**	D) **Share children's racial and ethnic identities (optional).** On the back of the application, we ask you to share information about your children's race and ethnicity. This field is optional and does not affect your children's eligibility for free or reduced-price school meals.

STEP 6: Share Children's Racial and Ethnic Identities (OPTIONAL)

Step 6 is optional. We ask you to share information about your children's race and ethnicity. This field is optional and does not affect your children's eligibility for free or reduced-price meals.

Household Information Letter for Non-Pricing Institutions
Child and Adult Care Food Program

[Date]

Dear Parent or Guardian:

[Name of Center] offers healthy meals and snacks to participants as part of the Child and Adult Care Food Program (CACFP). **[Name of Center]** receives support from CACFP to serve those meals. CACFP gives more support if your household income is less than or equal to the limits on this chart:

Federal Income Standards for Reduced-Price Meals for July 1, 2026 - June 30, 2027		
Household size	Yearly Income	Monthly Income
1	$29,526	$2,461
2	$40,034	$3,337
3	$50,542	$4,212
4	$61,050	$5,088
5	$71,558	$5,964

Please fill out a *CACFP Income Eligibility Form*. It will help us find out how much support **[Name of Center]** receives. Please be sure to read the instructions carefully. Fill in all the information we request. We can only accept complete forms. Please send the completed form to: **[Name, Address],** email securely to **[email address]** or return to the center.

Thank you for taking the time to fill out the form. We hope your child enjoys CACFP meals!

In the operation of federal nutrition programs, no person will be discriminated against because of race, color, national origin, sex, age, or disability. If you have questions or need help, please contact **[Name]** at **[Phone Number]** or **[Email Address]**.

Sincerely,

Signature

[Name]
[Title]

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