



# CHILD CARE FOOD PROGRAM FREE AND REDUCED-PRICE MEAL APPLICATION

To apply for free and reduced price meals for your child, read the instructions and complete this form. Sign your name, date and return the application to \_\_\_\_\_. If you need assistance filling out this form, call this number: \_\_\_\_\_.

### PART 1 – INFORMATION ON CHILD:

### NAME AND ADDRESS OF CCC/OSHCC:

Child's Name: \_\_\_\_\_  
Last Name First Name Date of Birth \_\_\_\_\_

### PART 2 – HOUSEHOLDS RECEIVING FOOD STAMPS OR TANF BENEFITS: Complete this part and Part 5.

Food Stamp Case Number: \_\_\_\_\_ TANF Case Number: \_\_\_\_\_

### PART 3 – HOUSEHOLDS WITH A FOSTER CHILD: Complete this Part and Part 5. If this is a foster child, check this box

List the child's monthly personal use income \$ \_\_\_\_\_ Write "0" if the child has no personal use income.

### PART 4 – ALL OTHER HOUSEHOLDS: If you gave a food stamp or TANF case number then skip to Part 5. Otherwise, complete this part and Part 5.

NAMES	INCOME AMOUNT / FREQUENCY			
	Example: \$100 / month or \$100 / twice a month or \$100 / biweekly or \$100 / week			
List the Names of <u>Everyone</u> in Your Household (include child listed in Part 1 above)	Gross Earnings (Before Deductions) If self-employed, list net income	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security	All Other Income
1. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
2. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
3. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
4. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
5. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
6. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
7. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____

### PART 5 – SIGNATURE AND SSN: An adult household member must sign the application before it can be approved.

**PENALTIES FOR MISREPRESENTATION:** I certify that all information on this application is true and correct and that all income is reported. I understand that this information is being given for the receipt of Federal funds; that institution officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Write **NONE** if you don't have a Social Security Number

(Signature of Adult Household Member) \_\_\_\_\_ Home Phone No. \_\_\_\_\_ Work Phone No. \_\_\_\_\_  
Date Signed \_\_\_\_\_ Home Address \_\_\_\_\_ Zip Code \_\_\_\_\_

### PART 6 (Optional) - RACIAL IDENTITY OF CHILD

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White

### ETHNIC IDENTITY OF CHILD

- Hispanic or Latino
- Not Hispanic or Latino

Privacy Act Statement: Section 9 of the National School Lunch Act requires that, unless you list your child's food stamp or TANF case number or are applying for a foster child, you must include the social security number of the adult household member signing the application or indicate that the household member does not have a social security number. Provision of a social security number is not mandatory, but if a social security number is not given or an indication is not made that the signer does not have such a number, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a food stamp or welfare office to determine current certification for receipt of food stamps or TANF benefits, contacting the state employment security office to determine the amount of benefits received and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal actions if incorrect information is reported.

### For Contractor Use Only:

- Food Stamp/TANF household
- Foster Child
- Zero Income Application – Temporary Free Until \_\_\_\_\_ (evaluate every 45 days)

Total Household Size: \_\_\_\_\_ Total Household Income: \$ \_\_\_\_\_ Weekly / Biweekly / Twice a Month / Monthly / Annually

Note: If different income frequencies are listed, convert all income to an annual amount. (Circle one of the above)

Annual Income Conversion: Weekly x 52, Biweekly x 26, Twice a Month x 24, Monthly x 12

Eligibility Determination:  Free  Reduced  Non-needly

Reason for Non-needly Status:  Income too High  Incomplete Application  Other (Reason) \_\_\_\_\_

Signature of Determining Official: \_\_\_\_\_ Date Signed: \_\_\_\_\_

# APPLICATION INSTRUCTIONS

## PART 1 – INFORMATION ON CHILD: ALL HOUSEHOLDS COMPLETE THIS PART.

- (1) Print the name and age of the child you are applying for.
- (2) Print the name of the Child Care Center the child attends.

## PART 2 – HOUSEHOLDS RECEIVING FOOD STAMPS OR TANF BENEFITS: COMPLETE THIS PART AND PART 5.

- (1) List your current Food Stamp or TANF (Temporary Assistance for Needy Families) case number for the child.
- (2) An adult household member must sign the application in Part 5.

## PART 3 – HOUSEHOLDS WITH A FOSTER CHILD: COMPLETE THIS PART AND PART 5.

- (1) List the foster child's monthly "personal use" income. Write "0" if the foster child does not get "personal use" income.
- (2) A foster parent or other official representing the child must sign the application in Part 5. "Personal use" income is a) money given by the welfare office identified by category for the child's personal use, such as for clothing, school fees, and allowances; and b) all other money the child receives, such as money from his/her family and money from the child's full-time or regular part-time jobs.
- (3) In certain cases, foster children are eligible for free or reduced-price meals regardless of the income of such household with whom they reside and households wishing to apply for such benefits for foster children should contact us.

## PART 4 – ALL OTHER HOUSEHOLDS: COMPLETE THIS PART AND PART 5.

- (1) Write the names of everyone in your household, whether they receive income or not. Include yourself, the child you are applying for, all other children, your spouse, grandparents and other related and unrelated people in your household. Use another piece of paper if you need more space.
- (2) Write the amount of income each household member regularly receives, before taxes or anything else is taken out, and how often it is received. List income in the appropriate column(s) to designate the source of the income, such as earnings, welfare, pensions, and other income (refer to examples below for types of income to report). If any amount(s) received last month was more or less than usual, write that person's usual income.
- (3) An adult household member must sign the application and give his/her social security number in Part 5.

## PART 5 – SIGNATURE AND SSN: ALL HOUSEHOLDS MUST COMPLETE THIS PART.

- (1) Every application must be signed by an adult household member and, unless a case number is listed in Part 2 or the application is for a foster child, must include that adult's social security number. If the adult signing the application does not have a social security number, write "NONE" in place of the social security number.

## PART 6 – RACIAL/ETHNIC IDENTITY OF CHILD: COMPLETE THIS SECTION IF YOU WISH. You are not required to answer this question to get free or reduced-price meals. However, this information will help ensure that everyone is treated fairly.

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### INCOME TO REPORT

#### Earnings from Employment

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  
Retirement income  
Veteran's payments  
Social security

#### Other Income

Disability benefits  
Cash withdrawn from savings  
Interest/dividends  
Income from estates/trusts/investments  
Regular contributions from persons not living in the household  
Net royalties/annuities/net rental income  
Any other income

#### Welfare/Child Support/Alimony

Public assistance payments  
Welfare payments  
Alimony/child support payments

#### Military Households

All cash income for off base commercial/private housing allowances, excluding the Military Housing Privatization Initiative and Family Subsistence Supplemental Allowance (FSSA)  
All cash income for uniform allowances  
**Does not** include "in-kind" benefits NOT paid in cash (base housing, clothing, food, medical care, etc.)  
All cash income made available to the household