

SAMPLE

Child and Adult Care Food Program and Summer Food Service Program Child Nutrition Program Application

Part 1. Children or adults enrolled to receive day care. (Use a separate application for each foster child)

<p>Names (First, Middle Initial, Last)</p> <p><i>Bailey Smith</i></p>	<p>SNAP, TANF or FDPIR case # for <u>children only</u>. All the above or SSI or Medicaid case # for <u>adults only</u>. Skip to Part 5 if you listed a case #.</p> <p><i>061234567</i></p>
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Name of Child

9 Digit Case Number for Food Stamp or TANF (if applicable)

Part 2. Foster Child: In certain cases, foster children are eligible for free and reduced-price meals regardless of household income. If foster children live with you, please contact your child care center/sponsor. Skip to Part 5.

Part 3. Total Household Gross Income—You must tell us how much and how often

A. Name (List everyone in household, including children)	B. Gross income and how often it was received <i>Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly</i>				C. Check if NO income
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Social Security, pensions, retirement,	4. All Other Income	
<i>Mark Smith</i>	\$ <i>250 / week</i>	\$ /	\$ /	\$ /	<input type="checkbox"/>
<i>Aimee Smith</i>	\$ /	\$	/	/	<input checked="" type="checkbox"/>
<i>Bailey Smith</i>	\$ /	\$	/	/	<input checked="" type="checkbox"/>
<i>Tyler Smith</i>	\$ /	\$	/	/	<input checked="" type="checkbox"/>
	\$	\$	/	/	<input type="checkbox"/>
	\$	\$	/	/	<input type="checkbox"/>
	\$	\$	/	/	<input type="checkbox"/>

List all Household Members (including Child listed above).

Parent must provide \$ amount and specify how often \$ is received (ie. monthly, weekly, bi-weekly). If no income, check box.

Part 4. The above household income information may be disclosed for the purpose of enrolling children in the children's health insurance program. Parents/guardians are not required to consent to such disclosure and electing not to allow disclosure will not adversely affect a child's eligibility. I do do not elect to allow my household information to be disclosed.

Part 5. Signature and Social Security Number (Adult must sign)

An adult household member must sign this form. If Part 3 is completed, the adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.

Sign here: X *Aimee Smith* . Print name: *Aimee Smith* . Date: *07/07/2009*

Address: *11122 Sunshine Rd. Angerberg, TX 71111* . Phone Number: *(555) 555 - 5555*

Social Security Number: *123 - 45 - 6789* I do not have a Social Security Number

Part 6. Participant's ethnic and racial identities (optional)

Mark one ethnic identity: Not Hispanic or Latino

Mark one or more racial identities: White

Hispanic or Latino Asian American Indian or Alaska Native Native Hawaiian or Other Pacific Islander

Black or African American

Parent MUST Sign, Date, & Provide SS#

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	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>

Part 4. Disclosure of Information

The above household income information may be disclosed for the purpose of enrolling children in the children's health insurance program. Parents/guardians are not required to consent to such disclosure and electing not to allow disclosure will not adversely affect a child's eligibility. I do do not elect to allow my household information to be disclosed.

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Sign here: X _____ Print name: _____ Date: _____

Address: _____ Phone Number: _____

Social Security Number: _____ I do not have a Social Security Number

Part 6. Participant's ethnic and racial identities (optional)

Mark one ethnic identity:	Mark one or more racial identities:	
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
	<input type="checkbox"/> Black or African American	

Don't fill out this part. This is for official use only.

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

Total Income: _____ Per: Week, Every 2 Weeks, Twice A Month, Month, Year Household size: _____

Categorical Eligibility: ___ Date Withdrawn: _____

Initial Eligibility Determination: Free ___ Reduced ___ Paid ___ Tier I ___ Denied Tier I ___

Re-determination of Eligibility based on new Income Eligibility Guidelines: Free ___ Reduced ___ Paid ___ Tier I ___ Denied Tier I ___

Reason: _____

Determining Official's Signature: _____ Date: _____

Privacy Act Statement: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for Tier I or free or reduced price meals. You must include the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a SNAP, Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for your child or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for Tier I or free or reduced price meals, and for administration and enforcement of the Program.

Non-discrimination Statement: In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to *USDA, Director, Office of Adjudication and Compliance, 1400 Independence Avenue, SW, Washington DC 20250-9410* or call 866-632-9992 (toll free), 202-260-1026 or 202-401-0216 (TDD). USDA is an equal opportunity provider and employer.