

HOUSEHOLD MEAL BENEFIT APPLICATION
Child Care Centers: July 1, 2006 – June 30, 2007

Please complete this application so that we may receive reimbursement for meals served to children in our program.

PART 1 – CHILD'S(REN'S) INFORMATIONLast NameFirst NameClassroom/Teacher

_____	_____	_____
_____	_____	_____
_____	_____	_____

PART 2 – FOOD STAMP OR TEMPORARY CASH ASSISTANCE (TCA) INFORMATION

If applicable, list your household Food Stamp or TCA Number. A Social Security Number is not required.

Food Stamp # _____ TCA # _____

PART 3 – FOSTER CHILD: Check if the child is the legal responsibility of the Department of Social Services or court. Write the child's personal use monthly income: \$ _____. The foster parent/official representing the child must sign the application in Part 5. A Social Security Number is not required. Complete one form for each foster child in your household.

PART 4 – TOTAL HOUSEHOLD GROSS INCOME

You must tell how much and how often. Example: Weekly, every other week, twice a month, or monthly.

NAMES OF ALL HOUSEHOLD MEMBERS (Include the child(ren) named above.)	EARNINGS FROM WORK (before deductions)		ADDITIONAL INCOME Child Support, Alimony, TCA, Pensions, Retirement, Social Security	ALL OTHER INCOME
	Income	Frequency		
1.	\$ _____	_____	\$ _____	\$ _____
2.	\$ _____	_____	\$ _____	\$ _____
3.	\$ _____	_____	\$ _____	\$ _____
4.	\$ _____	_____	\$ _____	\$ _____
5.	\$ _____	_____	\$ _____	\$ _____
6.	\$ _____	_____	\$ _____	\$ _____

PART 5 – SIGNATURE AND SOCIAL SECURITY NUMBER

I certify that all of the above information is true and that all income is reported. I understand that this information is being given for the center's receipt of federal funds and that if I purposely give false information, I may be prosecuted.

Signature of Adult Household Member

Date

Social Security Number*

Print Name: _____ Telephone No.: (H) _____ (W) _____

Address: _____ City: _____ State: _____ ZIP: _____

PART 6 – RACIAL/ETHNIC IDENTITY (Optional)

Racial Identities: American Indian/Alaskan Native Asian Black/African American Native Hawaiian/Other Pacific Islander White Other
 Ethnic Identities: Hispanic or Latino Not Hispanic or Latino

*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, it may reduce the amount of reimbursement the center may be entitled to. The adult household member signing the application must include their Social Security Number unless: they do not have a Social Security Number; the application is for a foster child; or a Food Stamp or Temporary Cash Assistance case number has been provided for the child(ren). We will use your information to determine the center's Program reimbursement and for administration and enforcement of the meal programs. Program reviews and investigations may be conducted to verify correctness of any information provided on this form or to look into violations of program rules. These efforts may include contacting employers and State or local governmental offices. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for these programs.

FOR CENTER USE ONLY

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

Household Size: _____	Total Income: \$ _____	Per: <input type="checkbox"/> Week <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
Eligibility Determination: <input type="checkbox"/> Free <input type="checkbox"/> Reduced-Price <input type="checkbox"/> Denied (Paid) Temporary Until: _____		
Categorical Eligibility: <input type="checkbox"/> TCA <input type="checkbox"/> Food Stamp Reason for Denial: <input type="checkbox"/> Income too high <input type="checkbox"/> Incomplete Form <input type="checkbox"/> Other: _____		
Change in Status (reason and date): _____		Date Withdrawn: _____
Determining Official's Signature: _____		Date Signed: _____