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

Child's Name:	Center Name & Address:							
Primary Hours of Care: From: To:	Days of the	Week in Care: M T	W TH F S S Me	eals Typically Serv	ved While in Care:	BR MS LU AS S	SU ES None	
Please read the instructions and accompanying	Parent Letter before con	npleting this form. If y	ou need assistance	completing this for	m, call: ()			
STEP 1: Complete the following table for all	INFANTS and CHILDRE	N through age 18 th	at reside in the ho	usehold, even if n	ot related. (include	child listed at top o	of form)	
Child's Name (Last Name, First Name		Attends this center			Migrant? (circle)	Homeless/Runa		
		Yes No)	Yes No	Yes No	Yes	No	
		Yes No)	Yes No	Yes No	Yes	No	
		Yes No)	Yes No	Yes No	Yes	No	
		Yes No		Yes No	Yes No		No	
STEP 2: Do any household members (childre			ram (FAP/SNAP) o	r Temporary Assi	stance for Needy F	amilies (TANF) be	enefits?	
If NO, go to STEP 3. If YES, enter one of the following the state of t	llowing case numbers, th	en go to STEP 5.						
FAP/SNAP Case Number: STEP 3: Children's Income Information (see	reverse side for what ty		Case Number: port) (skip this step	if you listed a case	 e # in STEP 2)			
Children's Income – sometimes children earn	or receive income. Enter	the total income rece	ived by all children l	isted in STEP 1, th	en check how often	the income is rece	ived.	
Children's income – Total: \$	How often rece	eived? (check only o	ne): 🗆 Weekly [☐ Bi-Weekly ☐ T	wice a Month 🛚 Mo	onthly \square Annuall	У	
STEP 4: Household income and adult house	hold member information	on (see reverse side	for what types of	income to report)	(skip this step if you	listed a case # in S	STEP 2)	
Adult Household Members and Income – list taxes & deductions) from each source in what does not receive income from any source, v	ole dollars only (no cen	nts) and how often it	is received (i.e., w	eekly, bi-weekly,	twice a month, mon	thly, or annually)	. For an adult	
Adult Household Member's Name (Last Name, First Name)	Earnings fro (\$ Amount / Ho		Public Assistance/Child Support/Alimony (\$ Amount / How often?)		- 1	Pensions/Retirement/All Other Income (\$ Amount / How often?)		
		eekly Biweekly Monthly vice a Month Annually	\$	/ Weekly Biweekly Mon Twice a Month Annuall			weekly Monthly onth Annually	
		eekly Biweekly Monthly vice a Month Annually	\$	/ Weekly Biweekly Mon Twice a Month Annuall	• · ·	•	weekly Monthly onth Annually	
Total Household Members (Add STEP 1 & 4): STEP 5: Contact information and adult signa	Last four digits	of Social Security I	Number (SSN) of a				N, write "none."	
By signing below, I am certifying (promising) that a of federal funds and that institution officials may ve	all information on this applic							
Home address (if available):	,				Daytime phone #: (•		
Tionie address (ii avanabie).		dress, City, State, Zip Co	ode		Daytime phone #. (/		
Signature of adult household member:		Р	rinted name:			Date signed:		
OPTIONAL: Child's ethnic and racial identities We as Responding to this section is optional and does not affect	are required to ask for informat t your child's eligibility for free	tion about your child's eth or reduced-price meals.	nicity and race. This info Ethnicity (chec	ormation is important a	nd helps make sure that nic or Latino No	we are fully serving the of Hispanic or Latino	e community.	
Race (check one or more): American Indian or	Alaskan Native Asi	ian Black or Af	rican American	_ Native Hawaiian or	Other Pacific Islander	White		
FOR CONTRACTOR USE ONLY:	pobold	Total Hausahald Si	ze: Total I	dougobold Income:	¢			
Categorical Eligibility: FAP/SNAP or TANF House						Month		
Eligibility Determination: ☐ Free ☐ Reduced-Pri NOTE: If different income frequencies are	-				Biweekly			
Reason for Non-needy Status: \square Income too High	☐ Incomplete Application	☐ Other Reason:						
Determining Official's Signature: Revised 6/2019		Date: Page 1 of 2	Second Party	Check Signature:		Da	ute: U-009-08	

INSTRUCTIONS for completing the Free and Reduced-Price Meal Application (use a pen and print all information other than signature)

Print the name of the child you are applying for at the top pf the form. Print the name and address of the child care center the child attends, if not already pre-printed. Print the primary hours of care for your child. Circle the days of the week your child primarily attends the child care center and the meals that you expect your child to receive while in care: breakfast (BR), morning snack (MS), lunch (LU), afternoon snack (AS), supper (SU), and/or evening snack (ES).

IF ANY MEMBER OF YOUR HOUSEHOLD RECEIVES FOOD ASSISTANCE PROGRAM (FAP/SNAP) OR TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) BENEFITS, FOLLOW THESE INSTRUCTIONS: STEP 1: List all children age 18 and under that are supported with the household's income, even if they are not related to you. Be sure to include the child listed at the top of the form. If there is not enough space to list all children, use a second form and attach the forms together. List the date of birth of each child. In the next three columns, circle Yes or No to answer each question for each child listed. **STEP 2:** Enter either the FAP/SNAP or TANF case number in the designated space. The case number will be on your letter of eligibility; it is not the number on your EBT card. **STEP 3:** Skip this step. **STEP 4:** Skip this step. **STEP 5:** Enter your address and phone # (if available). An adult household member must sign the form. Print the name of the person who signed the form, then enter the date signed.

IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS: With appropriate documentation, foster children are automatically eligible for free meals regardless of the income of the household where they reside. You have the option to provide the child care center with official documentation from the foster care agency or court that placed the child in the household, rather than completing this application. Should you choose to complete this application, and you are applying only for a foster child(ren), then only complete STEPS 1 and 5. If you are applying for foster and non-foster children, complete STEPS 1, 3, 4 and 5. If completing STEP 3, do not include payments to the household for the care of the foster child(ren). See the instructions listed below for the applicable steps.

ALL OTHER HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS: STEP 1: List all children age 18 and under that are supported with the household's income, even if they are not related to you. Be sure to include the child listed at the top of the form. If there is not enough space to list all children, use a second form and attach the forms together. List the date of birth of each child. In the next three columns, circle Yes or No to answer each question for each child listed. STEP 2: Skip this step. STEP 3: Enter the total income received by all children listed in STEP 1, then check how often the income is received. STEP 4: List all adults age 19 and older that are supported with the household's income, even if they are not related to you and even if they receive no income. If there is not enough space to list all adults, use a second form and attach the forms together. For each adult, list the amount of income he/she regularly receives before taxes or anything else is taken out and circle how often the income is received (frequency) in the appropriate columns. If self-employed, list net income. See examples below for sources of income to report. For any adult with no income, write "none" or "0." Any income fields that are blank will also be counted as a zero (0). Enter the total number of household members (all children and adults), then list the last four digits of the social security number (SSN) of the adult completing/signing the application (or write NONE if he/she has no SSN). STEP 5: Enter your address and phone # (if available). An adult household member must sign the form. Print the name of the person who signed the form, then enter the date signed.

Sources of Income for Children		Sources of Income for Adults			
Earnings from work	A child has a regular full or part-time job where they earn a salary or wages	Earnings from Work	Public Assistance/ Alimony/Child Support	Pensions/Retirement/All Other Income	
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	 Salary, wages, cash bonuses Net income from self- employment (farm or business) 	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 Regular cash payments from outside household	
Income from person outside the household	A friend or extended family member regularly gives a child spending money	If you are in the U.S. Military: Basic pay and cash bonuses (do			
Income from any other source	A child receives regular income from a private pension fund, annuity, or trust	NOT include combat pay, FSSA or privatized housing allowances) • Allowances for off-base housing, food and clothing			

The Richard B. Russell National School Lunch Act requires that, unless you list a current Food Assistance Program (FAP/SNAP) or Temporary Assistance for Needy Families (TANF) case number or are applying for a foster child, you must include the last four digits of the Social Security Number (SSN) of the adult household member signing the application or indicate that the signer does not have a SSN. Providing the last four digits of a SSN is not mandatory, but if this information is not given or an indication is not made that the signer does not have a SSN, the application cannot be approved. The information provided on this form may be verified through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a welfare office to verify receipt of FAP/SNAP or TANF benefits, contacting the state employment security office to determine the amount of benefits received, and checking any documentation produced by the household to prove the amount of income received. These verification efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported. We may share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs; auditors for program reviews; and law enforcement officials to help them investigate violations of program rules. This institution is an equal opportunity provider. Please refer to the accompanying Parent Letter to read the full Nondiscrimination Statement