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

Child's Name:	Center Name	Center Name & Address:		frendy plack, consocious revenue activism in the constitution of t	
Primary Hours of Care: From: To:	Days of the	Days of the Week in Care: M T V	W TH F S S Meats Typically Serv	Is Typically Served While in Care: B	BR MS LU AS SU ES None
Please read the instructions and accompanying Parent Letter before completing this form. If you need assistance completing this form, call:	arent Letter before con	npleting this form. If you	uneed assistance completing this for	rm, call: ()	
STEP 1: Complete the following table for all INFANTS and CHILDREN through age 18 that reside in the household, even if not related. (include child listed at top of form)	VEANTS and CHILDRE	N through age 18 that	t reside in the household, even if r	not related. (include c	hild listed at top of form)
Child's Name (Last Name, First Name)	Date of Birth	Attends this center?	? (circle) Foster Child? (circle)	Migrant? (circle)	Homeless/Runaway? (circle)
		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
STEP 2: Do any household members (children or adults) receive Food Assistance Program (FAP/SNAP) or Temporary Assistance for Needy Families (TANF) benefits? If NO, go to STEP 3. If YES, enter one of the following case numbers, then go to STEP 5.	n or adults) receive Fo owing case numbers, th	od Assistance Progra en go to STEP 5.	ım (FAP/SNAP) or Temporary Assi	istance for Needy Fa	milies (TANF) benefits?
FAP/SNAP Case Number:	and the second s	or TANE Ca	or TANF Case Number:	Approximate Approx	gerandry Dhaminus
STEP 3: Children's Income Information (see reverse side for what types of income to report) (skip this step	everse side for what t	pes of income to repo	if you	listed a case # in STEP 2)	
Children's Income - sometimes children earn or receive income. Enter the total income received by all children lis	r receive income. Enter	the total income receive	ed by all children listed in STEP 1, th	ted in STEP 1, then check how often the income is received	ne income is received.
Children's income — Total: \$ How often received? (check only one): Weekly Bi-Weekly Twice a Month Monthly Annually STEP 4: Household income and adult household member information (see reverse side for what types of income to report) (skip this step if you listed a case # in STEP 2	How often rece	How often received? (check only one): nber information (see reverse side for v	e): ☐ Weekly ☐ Bi-Weekly ☐ T or what types of income to report)	☐ Twice a Month ☐ Monthly ☐ Annually port) (skip this step if you listed a case # in S	nthly ☐ Annually Isted a case # in STEP 2)
Adult Household Members and Income — list all adult household members (age 19 and up) even if they do not receive income. For each adult, list the total gross income (before taxes & deductions) from each source in whole dollars only (no cents) and how often it is received (i.e., weekly, bi-weekly, twice a month, monthly, or annually). For an adult	le dollars only (no cer	bers (age 19 and up) exits) and how often it is	ven if they do not receive income. For received (i.e., weekly, bi-weekly,	or each adult, list the twice a month, mont	total gross income (before hly, or annually). For an adult
Adult Household Member's Name	Earnin	ow often?)	gs from Work Public Assistance/Child Support/Alimony Pensions/Retirement/All Other nt / How often?) (\$ Amount / How often?)	limony Pensions/	Pensions/Retirement/All Other Income (\$ Amount / How often?)
	\$ / W	Weekly Biweekly Monthly \$ Twice a Month Annually	/ Weekly Biwaekly Monthly Twice a Month Annually	uthly \$	/ Weekly Biweekly Monthly Twice a Month Annually
	W / W	Weekly Biweekly Monthly \$ Twice a Month Annually	/ Weekly Biweekly Monthly Twice a Month Annually	nthiy &	I Weekly Biweekly Monthly Twice a Month Annually
Total Household Members (Add STEP 1 & 4): STEP 5: Contact information and adult signature		Last four digits of Social Security Number (SSN) of ad	umber (SSN) of adult household member:	ember:	If no SSN, write "none."
By signing below, I am certifying (promising) that all information on this application is true and that all income is reported. I understand that this information is being given in connection with the of federal funds and that institution officials may verify (check) the information. I am aware that if I purposely give false information, I may be prosecuted under applicable state and federal laws.	information on this appli	cation is true and that all n. I am aware that if I pur	income is reported. I understand that t posely give false information, I may be	this information is being prosecuted under app	I understand that this information is being given in connection with the receipt ormation, I may be prosecuted under applicable state and federal laws.
Home address (if available):	Street Add	Street Address, City, State, Zip Code	0	Daytime phone #: (_	-
Signature of adult household member:		Prin	Printed name:		Date signed:
OPTIONAL: Child's ethnic and racial identities. We are required to ask for information about your child's ethnicity and race. This information is important and helps make sure that we are fully serving the community. Responding to this section is optional and does not affect your child's eligibility for free or reduced-price meals. Ethnicity (check one): Hispanic or Latino Not Hispanic	e required to ask for informa /our child's eligibility for free	tion about your child's ethnic or reduced-price meals.	city and race. This information is important a Ethnicity (check one): Hispa	and helps make sure that v	that we are fully serving the community. I Not Hispanic or Latino
Race (check one or more): American Indian or Alaskan Native	Naskan Native Asian	ian Black or African American		Native Hawaiian or Other Pacific Islander	White
Categorical Eligibility: FAP/SNAP or TANF Household	hold	Total Household Size:	: Total Household Income: \$	\$	
Eligibility Determination: Free Reduced-Price Non-needy	e	How Often Income is to an annual amount. A	How Often Income is Received (Frequency): ☐ Weekly ☐ Biweekly ☐ Twice a Month ☐ Monthly ☐ Anr to an annual amount. Annual Income Conversion: Weekly x 52, Biweekly x 26, Twice a Month x 24, Monthly x 12	☐ Biweekly ☐ Twice a Month 52, Biweekly x 28, Twice a Month 152, Biweekly x 28, Biwekly x 28, Biweekly x 28, Biweekly x 28, Biweekly x 28, Biweekly x	Month ☐ Monthly ☐ Annually e a Month x 24, Monthly x 12
Reason for Non-needy Status: Income too High	☐ Incomplete Application	Other Reason:		-	yanası istin edi bandağını delendiği iş grussması takını massanıya dağıdını sakımı salamı unturun erene epirama
Determining Official's Signature:Revised 6/2019		Date: Page 1 of 2	Second Party Check Signature:		Date: U-009-08
100000000000000000000000000000000000000		0			0.003.00