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

Child's Name:	Center Name	& Address: <u>SMART STA</u>	ART PRE PREP, LL	<u>2</u>			
Primary Hours of Care: From:To:	Days of the \	Week in Care: M T W TH	FSS <mark>Meals Typ</mark> i	cally Served W	<b>/hile in Care:</b> BR MS	LU AS SU ES None	
Please read the instructions and accompanying	g Parent Letter before com	pleting this form. If you ne	eed assistance com	pleting this for	m, call: ( <u>813</u> ) <u>85</u>	5-7333	
STEP 1: Complete the following table for all	INFANTS and CHILDRE	N through age 18 that re	eside in the house	hold, even if n	ot related. (include o	child listed at top of form)	
Child's Name (Last Name, First Name		Attends this center? (	A REAL PROPERTY AND	hild? (circle)			
		Yes No	Ye	es No	Yes No	Yes No	
		Yes No	Ye	es No	Yes No	Yes No	
		Yes No	Ye	es No	Yes No	Yes No	
		Yes No	Ye	es No	Yes No	Yes No	
STEP 2: Do any household members (child	-		(FAP/SNAP) or To	emporary Ass	istance for Needy F	amilies (TANF) benefits?	
If NO, go to STEP 3. If YES, enter one of the fo	ollowing case numbers, the	en go to STEP 5.					
FAP/SNAP Case Number:	_        _	or TANF Case	e Number:	_      _		( <u></u> ]	
STEP 3: Children's Income Information (see	e reverse side for what ty	pes of income to report	) (skip this step if yo	ou listed a case	# in STEP 2)		
Children's Income – sometimes children earn	or receive income. Enter	the total income received	by all children liste	d in STEP 1, th	nen check how often	the income is received.	
Children's income – Total: \$	How often rece	eived? (check only one):	: 🗆 Weekly 🗆 Bi-	Weekly 🗌 Tw	ice a Month 🗌 Mont	hly 🛛 Annually	
STEP 4: Household income and adult house	ehold member information	on (see reverse side for	what types of inc	ome to report)	(skip this step if you	listed a case # in STEP 2)	
Adult Household Members and Income – lis taxes & deductions) from each source in <u>wl</u> that does not receive income from any source,	hole dollars only (no cen	its) and how often it is re	eceived (i.e., week	ly, bi-weekly,	twice a month, mor	nthly, or annually). For an adult	
Adult Household Member's Name	Earnings fro		blic Assistance/Cl			s/Retirement/All Other Income	
(Last Name, First Name)	<mark>(\$ Amount / Ho</mark>		(\$ Amount /	How often?)	(\$	Amount / How often?)	
		eekly Biweekly Monthly \$		Veekly Biweekly Monthl wice a Month Annually		/ Weekly Biweekly Monthly Twice a Month Annually	
	\$ / w	eekly Biweekly Monthly \$	/\	Veekly Biweekly Monthl wice a Month Annually	ly \$	/ Weekly Biweekly Monthly Twice a Month Annually	
Total Household Members (Add STEP 1 & 4)						If no SSN, write "none."	
STEP 5: Contact information and adult sign				nousenoiu me			
By signing below, I am certifying (promising) that of federal funds and that institution officials may v							
Home address (if available):	ome address (if available):Daytime phone #: ()						
	Street Add	dress, City, State, Zip Code					
Signature of adult household member:		Printe	d name:			Date signed:	
OPTIONAL: Child's ethnic and racial identities We a Responding to this section is optional and does not affect					d helps make sure that w nic or Latino      No		
Race (check one or more):   American Indian o	or Alaskan Native   Asi	ian I Black or African	American <u>     </u> N	ative Hawaiian o	r Other Pacific Islander	White	
FOR CONTRACTOR USE ONLY:							
Categorical Eligibility: C FAP/SNAP or TANF Hou		Total Household Size: _					
Eligibility Determination:  Free Reduced-P NOTE: If different income frequencies ar	,		• • •	•	•	a Month	
Reason for Non-needy Status:   Income too High	□ Incomplete Application	□ Other Reason:					
Determining Official's Signature:		Date:S	Second Party Check	Signature:		Date:	
Revised 6/2019		Page <b>1</b> of <b>2</b>				U-009-08	

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

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 <u>only</u> 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, <u>do not</u> 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	<ul> <li>A child is blind or disabled and receives Social Security benefits</li> <li>A parent is disabled, retired, or deceased, and their child receives Social Security benefits</li> </ul>	<ul> <li>Salary, wages, cash bonuses</li> <li>Net income from self- employment (farm or business)</li> </ul>	<ul> <li>Unemployment benefits</li> <li>Worker's compensation</li> <li>Supplemental Security Income (SSI)</li> <li>Cash assistance from State or local government</li> <li>Alimony payments</li> <li>Child support payments</li> <li>Veteran's benefits</li> <li>Strike benefits</li> </ul>	<ul> <li>Social Security (including railroad retirement and black lung benefits)</li> <li>Private pensions or disability benefits</li> <li>Regular income from trusts or estates</li> <li>Annuities</li> <li>Investment income</li> <li>Earned interest</li> <li>Rental income</li> <li>Regular cash payments from outside household</li> </ul>	
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: • Basicpayandcash 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) <ul> <li>Allowances foroff-base housing, food and clothing</li> </ul>			

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 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**