

## INSTRUCTIONS FOR COMPLETING MEAL BENEFIT APPLICATION/ FOOD PROGRAM FORM

Complete the application using the instructions below. Sign the form and return it to the Divinity Child Development Center. The information provided helps the center receive reimbursements for meals served and your personal information will remain confidential and is only used to determine the percentage of reimbursement the center will receive. Call us at **(301) 864-8189** if you need help.

### PART 1 – CHILDREN’S INFORMATION - ALL HOUSEHOLDS COMPLETE

1. List first and last name of all enrolled children.

### PART 2 – CASE NUMBER

If **any** member of your household receives benefits from the Food Supplement Program (FSP) or Temporary Cash Assistance (TCA), write the number and skip to Part 6.

### PART 3 – HOMELESS, MIGRANT, OR RUNAWAY CHILDREN

1. Check the box if any children you are applying for are homeless, runaway, or migrant.
2. Complete the application.

### PART 4 – COMPLETE ONLY IF APPLYING FOR A FOSTER CHILD

1. Check the box and list the personal use monthly income, if any, for the child.  
**"Personal use"** income is: (a) Money given by the Department of Social Services identified by category for the personal use of the student, such as for clothing, school fees, and allowances; and (b) All other money the student(s) gets, such as money from this/her family and money from the full-time or regular part-time jobs of the student(s).
2. Skip to Part 6. Do not list any other children, household members, or income.
3. A foster parent or other official representing the child must sign the application in Part 6. A Social Security Number is not necessary.

### PART 5 – NAMES OF ALL HOUSEHOLD MEMBERS AND GROSS INCOME

1. List the first and last name of everyone in your household, whether they get income or not. Your household includes all those living as one economic unit. Include yourself, all children living with you, and any other person living in your household, related or not (such as grandparents, other relatives, or friends). Do not list foster children. Complete a separate application for each foster child as directed in Part 4. Attach another sheet of paper if necessary.
2. Next to each person's name list each type of income received last month, and how often it was received, unless a FSP or TCA number was provided in Part 2 for a member of the household. You must indicate how much (in dollars and cents), and how often received (weekly, every other week, twice a month, or monthly). **If a household member has no income—indicate this by checking the box in the last column.**
3. Report all income as **gross income**, except as noted. Gross income is the amount earned before taxes and other deductions. This is not the same as take-home pay. For self-owned business, farm, or rental income, report income as **net income**.
4. If you are in the Military Housing Privatization Initiative, do not include your housing allowance as income. Do not include combat pay.

### PART 6 – SIGNATURE AND SOCIAL SECURITY NUMBER - ALL HOUSEHOLDS COMPLETE

1. All forms must have the signature of an adult household member.
2. The form must have the last four digits of the Social Security Number of the adult who signs unless the adult does not have a Social Security Number. Check the box to show that the adult does not have a Social Security Number. A Social Security Number is not needed if you listed a FSP or TCA number or if you are applying for a foster child.

### PART 7 – RACIAL/ETHNIC IDENTITY

1. You are not required to answer this question to get meal benefits. This information will help ensure that everyone is treated fairly.

### PART 8 – SHARING INFORMATION WITH OTHER PROGRAMS

1. Check the boxed to indicate your preference for sharing or not sharing application information with the programs indicated.

#### Federal Income Guidelines

Household Size	Year	Month	Week
1	\$20,036	\$1,670	\$386
2	26,955	2,247	519
3	33,874	2,823	652
4	40,793	3,400	785
5	47,712	3,976	918
6	54,631	4,553	1,051
7	61,550	5,130	1,184

**Privacy Act Statement: This explains how we will use the information you give us.** 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 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 Food Supplement Program (FSP) or Temporary Cash Assistance (TCA) case number 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 free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. 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 look into violations of program rules.

8	68,469	5,706	1,317
For each add'l member add:	\$6,919	\$577	\$134

**Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.** “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 USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.”

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