

**LITTLE SCHOLARS ACADEMY 500005539 | 2010 Rhawn Street, Philadelphia, Pennsylvania 19152**

Fill out all FIELDS (\*) in PRINT with Black Ink. If left blank ? forms will NOT be processed ? child(ren) will NOT be placed on roster to receive meals.

<b>Part 1. All Household Members</b>		<p><b>CHECK IF A FOSTER CHILD</b> (THE LEGAL RESPONSIBILITY OF A WELFARE AGENCY OR COURT) * IF ALL CHILDREN LISTED BELOW ARE FOSTER CHILDREN, SKIP TO PART 5 TO SIGN THIS FORM.</p>	<p><b>*CHECK IF NO INCOME</b></p>	<p><b>*AGE:</b></p>
<p>*Names of <b>Enrolled</b> child(ren) in this daycare: Kids attending <b>THIS</b> location</p>				
↓ FIRST	LAST			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			

<b>Names of all Household Members</b> (First, Middle Initial, Last)	Total # number of people in your house*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
→*		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
→*		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
→*		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
→*		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**\*Part 2. Benefits: Do you receive SNAP Benefits?**  YES  NO (check one)  
 If any member of your household received [State SNAP], [FDPIR], or [State TANF cash assistance], provide the name and case number for the person who receives benefits. If no one receives these benefits, skip to part 3.  
**\*NAME:** \_\_\_\_\_ **CASE NUMBER:** \* \_\_\_\_\_ - \_\_\_\_\_

**Part 3. If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call [Your center director, Homeless Liaison, Migrant Coordinator at Phone #]** Homeless  Migrant  Runaway

**Part 4. Total Household Gross income and how often it was received** e.g. weekly, bi-weekly, twice a month, month

A. Name (List ONLY household members with income)	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA benefits	4. All Other Income
(Example) Jane Smith	\$ Gross Income/How often	\$ Gross Income/How often	\$ Gross Income/How often	\$ ____/____
→*	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____

**Part 5. Signature and Last Four Digits of Social Security Number (Adult must sign)**  
 An adult household member must sign this form. If Part 3 or 4 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the ? do not have a Social Security Number? box. (See Privacy Act Statement on the back of this page.)  
 I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.

→ \*Sign Here: \_\_\_\_\_ → \*Print Name: \_\_\_\_\_ \*Date: \_\_\_\_\_

\*Address: \_\_\_\_\_ \*Phone Number: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip Code: \_\_\_\_\_

Last four digits of Social Security Number: XXX-XX-→\* \_\_\_\_\_  I do not have a Social Security Number

**Part 6. Participant's ethnic and racial identities (optional)**

Mark one ethnic identity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Mark one or more racial identities: <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black or African American
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**Don't fill out this part. This is for official use only. C.B.S. USE ONLY!!! DO NOT WRITE BELOW THIS LINE!**

Total Income: \_\_\_\_\_ Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12  
 Per:  Week,  Every 2 Weeks,  Twice A Month,  Month,  Year Household size: \_\_\_\_\_  
 Categorical Eligibility: \_\_\_\_\_ Eligibility: Free \_\_\_\_\_ Reduced \_\_\_\_\_ Denied (Paid) \_\_\_\_\_ Date Withdrawn: \_\_\_\_\_  
 Reason for Denied: \_\_\_\_\_  
 Temporary: Free \_\_\_\_\_ Reduced \_\_\_\_\_ Time Period: \_\_\_\_\_ (expires after \_\_\_\_\_ days)  
 Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Follow-up Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Code: \_\_\_\_\_  Renewal  Code Change  Change Daycare