Child and Adult Care Food Program **Child Care Center Meal Benefit Income Eligibility Form** 2018-2019

LITTLE SCHOLARS ACADEMY 5000005539 | 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.

Part 1. All Household Members

*Names of **Enrolled** Child(ren) in this daycare: Kids attending THIS location ↓ FIRST LAST	CHECK IF A **FOSTER CHILD** (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.	*CHECK IF NO INCOME	*AGE:
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	

Names of all Household Members (First, Middle Initial, Last) Total # number of people in your house* _____

→*	☐	*☐	
→*	☐	*☐	
→*	☐	*☐	
→*	☐	*☐	
→*	☐	*☐	

***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 ?I do not have a Social Security Number? box.** (See Privacy Act Statement on the back of this page.) «Center_Phone_»

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:	Mark one or more racial identities:		
❑ Hispanic or Latino ❑ Not Hispanic or Latino	❑ Asian	❑ American Indian or Alaska Native	
	❑ White	❑ Native Hawaiian or Other Pacific Islander	❑ Black or African American

Don?t fill out this part. This is for official use only. C.B.S. USE ONLY!!! DO NOT WRITE BELOW THIS LINE!

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income: _____ 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