

**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**

Definition of Household Members: "Anyone who is living with you and shares income and expenses, even if not related."

Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. (215) 342-9500

**Step 1. All Household Members** CHILD'S DAYCARE: **LITTLE SCHOLARS ACADEMY 500005539** 2010 Rhawn Street, Philadelphia, Pennsylvania 19152

*Names of <b>Enrolled</b> child(ren) in this daycare: Kids attending THIS location		Foster Child	Migrant	Runaway	Homeless	Head Start	*AGE:
FIRST	LAST						
		<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"/>	
		<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"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**\*Step 2. Do any household members** (including you) currently participate in one or more of the following assistance programs: **SNAP, TANF, or FDPIR?** YES  NO  (check one)

If NO > Got to Step 3 If YES > Write case number here: \* \_\_\_\_\_ - \_\_\_\_\_ and proceed to Step 4 (do not complete Step 3)

**Step 3. Total Household Gross income and how often it was received** e.g. weekly, bi-weekly, twice a month, month

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

Child Income - Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in Step 1 in A 4.  
All Adult Household Members (including yourself) List all Household Members not listed in Step 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

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 or Child Income	STUDENT- No income
(Example) Jane Smith	\$ Gross Income/How often	\$ Gross Income/How often	\$ Gross Income/How often	\$ ___/___	<input type="checkbox"/>
* * *	* \$ <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> 2xMonth	* \$ <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> 2xMonth	* \$ <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> 2xMonth	* \$ <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> 2xMonth	<input type="checkbox"/>
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**Step 4. Contact information and adult signature. EMAIL COMPLETED FORM TO: [INFO@CBSFOODPROGRAM.COM](mailto:INFO@CBSFOODPROGRAM.COM)**

*"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that CACFP officials may verify (check) the information. I am aware that if I purposely give false information, the participant/center may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."*

\*Signature of Adult Here: \_\_\_\_\_ \*Print Name of Adult: \_\_\_\_\_ \*Date: \_\_\_\_\_

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

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

Last four digits of Social Security Number: **XXX-XX-\*** \_\_\_\_\_ Check if no SSN

**Optional. Children's Ethnic and Racial Identities.** We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for receiving meals during care.

Mark one ethnic identity:  Hispanic or Latino  Hispanic or Latino

Mark one or more racial identities:  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  How Often?  Weekly  Bi-Weekly  Monthly  2xMonth Household size:  Eligibility  Free  Reduced  Denied

Categorical Eligibility

Determining Official's Signature \_\_\_\_\_ Date \_\_\_\_\_ Confirming Official's Signature \_\_\_\_\_ Date \_\_\_\_\_ Follow-up Official's Signature \_\_\_\_\_ Date \_\_\_\_\_

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