



APPLICATION INSTRUCTIONS

To allow this center to receive Federal Funds to subsidize the provision of nutritious meals, one application must be completed and on file for each child or adult participant. Complete the front using the instructions for your household. You must sign the application and return it to your center immediately.

Call # \_\_\_\_\_ if you need help.

PART 1 - ALL HOUSEHOLDS COMPLETE PART 1.

1. Print the name of the child/participant you are applying for.
2. List the child/participant's age and the name of the center.

PART 2 - SNAP HOUSEHOLDS COMPLETE PART 2 AND PART 5.

1. List a current Supplemental Nutrition Assistance Program (SNAP) case number for the child/participant or SSN.
2. Skip Part 4. You do not have to list names of household members or income if you list a Supplemental Nutrition Assistance Program (SNAP) number for the child/participant. Sign the application in Part 5. An adult household member must sign.

PART 3 - FOSTER CHILD'S HOUSEHOLDS COMPLETE PART 3 AND PART 5. A foster child is the legal responsibility of a welfare agency or court.

1. List the foster child's monthly "personal use" income. Write "0" if the foster child does not get "personal use" income. Skip to Part 4. Do not list any other children, household members or income.
2. A foster parent or other official representing the child must sign the application in Part 5.
3. Personal Use income is (a) money given by the welfare office identified by category for the child's personal use, such as for clothing, school fees, and allowances; and (b) all other money the child gets, such as money from his/her family and money from the child's full or part-time jobs.

PART 4 - ALL OTHER HOUSEHOLDS COMPLETE PART 4 AND PART 5.

1. Write the name of everyone in your household, whether they get income or not; include yourself, and the children you are applying for, all other children, your spouse, grandparents, and other related and unrelated people in your household. Use another piece of paper if you need more space.
2. Write the amount of income each household member got last month, before taxes or anything else is taken out, and where it came from, such as earnings, welfare, pensions, and other income. If any amount last month was more or less than usual, write that person's usual monthly income.
3. An adult household member must sign the application and give **the LAST 4 digits only** of his/her social security number in Part 5.

\*To figure monthly income multiply: Weekly x 4.33, every 2 weeks x 2.15, twice a month x 2.

PART 5 - ALL HOUSEHOLDS COMPLETE PART 5. SIGNATURE AND SOCIAL SECURITY NUMBER.

1. All applications must have the signature of an adult household member.
2. The application must have the social security number of the adult who signs. If the adult does not have a social security number, write "none" or something else to show that the adult does not have a social security number. If you listed a food stamp number for each child or if you are applying for a foster child, the last 4 digits of a social security number is not needed.

PART 6 - RACIAL/ETHNIC IDENTITY: Complete the racial/ethnic identity question if you wish. You are not required to answer this question to get meal benefits. We need this information to make sure that everyone is treated fairly.

INCOME TO REPORT

<u>Earnings from Work</u>	<u>Pensions/Retirement/Social Security</u>	<u>Other Income</u>
Wages/salaries/tips	Pensions	Disability benefits
Strike benefits	Supplemental Security Income	Cash withdrawn from savings
Unemployment compensation	Retirement income	Interest or Dividends
Workers compensation	Veteran's payments	Income from estates/trusts investment living in the household
Net income from self-owned	Regular contributions from persons not	Net royalties/annuities/rental income
Business or farm income	Social Security	Any other income

FOR VERIFICATION PURPOSES ONLY. DO NOT WRITE BELOW THIS LINE.

DATE VERIFICATION NOTICE WAS SENT: \_\_\_\_\_ RESPONSE DUE FROM HOUSEHOLD: \_\_\_\_\_ SECOND NOTICE SENT: \_\_\_\_\_  
 VERIFICATION RESULT: NO CHANGE \_\_\_\_\_ FREE/REDUCED PRICE \_\_\_\_\_ FREE/PAID \_\_\_\_\_ REDUCED PRICE/FREE \_\_\_\_\_ REDUCED RICE/PAID \_\_\_\_\_

REASON FOR ELIGIBILITY CHANGE: INCOME \_\_\_\_\_ HOUSEHOLD SIZE \_\_\_\_\_ REFUSED TO COOPERATE \_\_\_\_\_ CHANGE IN FOOD STAMP/AFDC OTHER: \_\_\_\_\_

DATE NOTICE OF CHANGE SENT: \_\_\_\_\_ VERIFYING OFFICIALS SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_