

2016-2017 Child and Adult Care Food Program Meal Benefit Income Eligibility Application
 Complete one application per household. Please use a pen (not a pencil). **(Child Care Centers)**



Definition of Household Member: "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. Read **How to Apply for Free and Reduced Price School Meals** for more information.

Child's First Name	MI	Child's Last Name	Grade	Enrolled?		Homeless, Migrant, Runaway	
				Yes	No	Foster Child	
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Check all that apply

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR?

If NO > Go to STEP 3. **If YES >** Write a case number here then go to STEP 4 (Do not complete STEP 3)

Case Number: Write only one case number in this space.

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Are you unsure what income to include here?

 Flip the page and review the charts titled "Sources of Income" for more information.

 The "Sources of Income for Children" chart will help you with the Child Income section.

 The "Sources of Income for Adults" chart will help you with the All Adult Household Members section.

A. 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 here.

Child income \$ How often?
Weekly Bi-Weekly 2x Month Monthly

B. 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.

Name of Adult Household Members (First and Last)	Earnings from Work	How often?				Public Assistance/ Child Support/Alimony	How often?				Pensions/Retirement/ All Other Income	How often?			
		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly
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Total Household Members (Children and Adults) Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member Check if no SSN

STEP 4 Contact information and adult signature

"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 determining officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

<input style="width: 95%;" type="text"/>				
Street Address (if available)	Apt #	City	State	Zip
<input style="width: 95%;" type="text"/>				
Printed name of adult signing the form	Signature of adult	Daytime Phone and Email (optional)		Today's date

