

Meal Benefit Application for Child Care Centers

July 1, 2021 - June 30, 2022

For more information, read **Instructions for Completing** or call (301) 677-1149/1156/1104/1105.

Step 1 List all enrolled children (if more spaces are required for additional names, attach another sheet of paper).

Children in **Foster Care** and children who meet the definition of **Homeless, Migrant, Runaway, Head Start, Early Head Start or Even Start** are eligible for free meals. If **ALL** children listed are foster, homeless, migrant, runaway or in Head Start, Early Head Start or Even Start, skip to Step 4.

| First and Last Names of All ENROLLED | Check all that apply: | | | | | |
|--------------------------------------|-----------------------|----------|---------|---------|--------------------------------|------------|
| | Foster Child | Homeless | Migrant | Runaway | Head Start Early Head Start | Even Start |
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Step 2 Do any Household Members (including you) currently participate in the Food Supplement Program (FSP) or Temporary Cash Assistance (TCA)?
Circle One: Yes No

If you answered **NO**, complete Step 3.

If you answered **YES**, provide a case number then go to Step 4

Case

Number:

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

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

List all Household Members (including yourself) even if they do not receive income. For each Household Member listed, if they receive income, report total gross income (before taxes) for each source in whole dollars only. If they do not receive income from any source, enter '0'. If you enter '0' or leave any fields blank you are certifying (promising) that there is no income to report.

How Often = Weekly, Every 2 Weeks, Monthly, Twice a Month or Yearly

| First and Last Names of ALL Household Members | Earnings from Work | | Child Support, Alimony, Public Assistance | | Pensions, Retirement, Other Income | |
|---|--------------------|------------|--|------------|---------------------------------------|------------|
| | Income | How Often? | Income | How Often? | Income | How Often? |
| | | | | | | |
| | | | | | | |
| | | | | | | |
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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 officials may verify (check) the information. I am aware that if I purposely give false information, I may be prosecuted under applicable State and Federal laws. I understand my child's eligibility status may be shared as allowed by law.

| | |
|-----------------|------------|
| Printed Name: | Signature: |
| Street Address: | |
| Date: | Phone #: |

Step 5 OPTIONAL: Children's Racial and Ethnic 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.

Ethnicity (Check One):

Hispanic or Latino
 Not Hispanic or Latino

Race (Check one or more):

American Indian or Alaskan Native
 Asian

Black or African American
 Native Hawaiian or Other Pacific Islander

White

DO NOT FILL OUT THIS SECTION. CENTER USE ONLY

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

Total Income (Children and Adults): \$ _____

Weekly

Every 2
Weeks

Twice a Month

Monthly

Yearly

Eligibility: Free

Categorically
Eligible

Reduced

Paid

Determining Official's Signature: _____

Date: _____

Date Withdrawn: _____