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| Part 1. All Household Members | | | | | | |
| **Name of Enrolled Child(ren):** | | | | | | |
| **Names of all household members** (First, Middle Initial, 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 |
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| Part 2. Benefits: 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 School, Homeless Liaison, Migrant Coordinator at Phone #] Homeless ❑ Migrant ❑ Runaway❑ | | | | | | |
| **Part** 4. Total Household Gross Income—You must tell us how much and how often | | | | | | |
| **A. Name** (List **only** household members with income) | **B. Gross income and how often it was received** | | | | | |
| 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* | $200/weekly\_\_\_\_\_ | $150/twice a month\_ | | $100/monthly\_\_\_\_\_ | $\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ | |
|  | $\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ | | $\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_/\_\_\_\_\_\_\_ | |
|  | $\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ | | $\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_/\_\_\_\_\_\_\_ | |
|  | $\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ | | $\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_/\_\_\_\_\_\_\_ | |
|  | $\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ | | $\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_/\_\_\_\_\_\_\_ | |
|  | $\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ | | $\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_/\_\_\_\_\_\_\_ | |
| 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 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 Statement on the back of this page.)  *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: \_\* \_\* \_\* - \_\* \_\* - \_\_ \_\_ \_\_ \_\_ ❑ I do not have a Social Security Number | | | | | | |

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| **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.** | |
| 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: \_\_\_ Date Withdrawn: \_\_\_\_\_\_\_\_ Eligibility: Free\_\_\_ Reduced\_\_\_ Denied\_\_\_ Tier I\_\_\_\_\_ Tier II\_\_\_\_  Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Temporary: Free\_\_\_\_\_ Reduced\_\_\_\_\_ Time Period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(expires after \_\_\_\_\_ days)  Determining Official’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Confirming Official’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Follow-up Official’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

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| Household size | Yearly |
| 1 | $ 23,828 |
| 2 | 32,227 |
| 3 | 40,626 |
| 4 | 49,025 |
| 5 | 57,424 |
| 6 | 65,823 |
| 7 | 74,222 |
| 8 | 82,621 |
| Each additional person: | + $ 8,399 |

**The participant in the day care facility may qualify for free or reduced price meals if your household income falls within the limits on this chart.**

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(1) mail: U.S. Department of Agriculture

Office of the Assistant Secretary for Civil Rights

1400 Independence Avenue, SW

Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

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