

Child and Adult Care Food Program ENROLLMENT/INCOME-ELIGIBILITY APPLICATION

CHILDREN'S INFORMATION				
Child's Name	Birthdate	Age	Circle Normal Days/ Print Normal Hours of Care	Circle Meals Normally Received
			Sun Mon Tu Wed Th Fri Sat Normal Hours _____	Breakfast A.M. Snack Lunch P.M. Snack Supper Eve. Snack
			Sun Mon Tu Wed Th Fri Sat Normal Hours _____	Breakfast A.M. Snack Lunch P.M. Snack Supper Eve. Snack
			Sun Mon Tu Wed Th Fri Sat Normal Hours _____	Breakfast A.M. Snack Lunch P.M. Snack Supper Eve. Snack

INCOME ELIGIBILITY

- My child(ren) receive(s) benefits from Washington Basic Food (WBF), TANF, or FDPIR. (Please complete Part 1 and 4.)
- This child is a foster child. (Please complete Part 2 and 4.) One form per foster child.
- My child(ren) may qualify for Free/Reduced-Price meals based on household income. (Please complete Part 3 and 4.)
- My child(ren) will not qualify for Free/Reduced-Price meals. (Please complete Part 4 only.)

PART 1 - CHILDREN RECEIVING WASHINGTON BASIC FOOD (WBF), TANF, OR FDPIR				
Child's Name	Circle One			Case Number or Identification Number
	WBF	TANF	FDPIR	
	WBF	TANF	FDPIR	
	WBF	TANF	FDPIR	

PART 2 - FOSTER CHILD	
Child's Name	Child's Personal Use Monthly Income (if None, Write "0")

PART 3 - TOTAL HOUSEHOLD INCOME FROM LAST MONTH—Not Required if You Have Reported a Case Number in Part 1				
List Names (First and Last) of Everyone in Your Household	Gross Income from Last Month			
	Earnings from Work Before Deductions	Alimony, Child Support, etc.	Retirement, Pensions, Soc. Sec., etc.	Job Two or Any Other Income

PART 4 - SIGNATURE AND CERTIFICATION			
<p>The adult household member who fills out the application must sign below. If Part 3 is completed, the adult signing the form must also list his/her Social Security Number or check the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.) If you have listed a case number in Part 1 or are applying for a foster child, or have checked the box that your child(ren) will not qualify for Free/Reduced-Price meals, a Social Security number is not needed.</p> <p>I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of federal funds; that institution officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.</p>			
Signature of Adult	Date	Print Name of Adult Signing	<input type="checkbox"/> I do not have a Social Security Number
		Social Security Number	
ADDRESS		CITY/STATE/ZIP CODE	DAYTIME PHONE

PART 5 – IDENTIFYING INFORMATION AND CERTIFICATION OF DATA—You Are Not Required to Answer This Part.

Please indicate the race or ethnic identity of your child. We need this information to be sure that everyone receives benefits on a fair basis.

- White, Not of Hispanic Origin
- Black, Not of Hispanic Origin
- Hispanic
- Asian or Pacific Islander
- American Indian or Alaskan Native
- Multi-Racial

No child will be discriminated against because of race, color, national origin, gender, age, or disability.

If you feel you have been discriminated against, you should write the Secretary of Agriculture, Washington, DC 20250.

PRIVACY ACT STATEMENT

Section 9 of the National School Lunch Act requires that, unless the participant’s WBF, TANF, or FDPIR case number is provided, you must include the social security number of the adult household member signing the application, or indicate that the household member does not have a social security number. Provision of a social security number is not mandatory, but if a social security number is not provided or an indication is not made that the signer does not have a social security number, the application cannot be approved. This notice must be brought to the attention of the household member whose social security number is disclosed. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a WBF or welfare office to determine current certification for receipt of WBF or TANF benefits, contacting the state employment security office to determine the amount of benefits received, and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported.

CENTER USE ONLY

- Check one: Free Category
 Reduced-Price Category
 Above-Scale Category

MONTHLY INCOME CONVERSION
WEEKLY X 4.33 EVERY 2 WEEKS X 2.15 TWICE A MONTH X 2

Total Monthly Income \$ _____

This form must be signed and dated by the institution’s authorized representative.

SIGNATURE OF INSTITUTION’S AUTHORIZED REPRESENTATIVE

DATE