FREE AND REDUCED PRICE MEAL APPLICATION FOR CENTERS AND HOMES Please see the instructions on the reverse side if you have questions, or you may call the center. # 1. PRINT: Child Information CHILD/CHILDREN'S NAME(S) NAME OF CENTER/PROVIDER Number of children claimed on this application 2. List the Supplemental Nutrition Assistance Program (SNAP) number, if any, then skip to #5 3. FOSTER CHILD: List the child's monthly personal use income. Write "0" if the child has no personal income.\$ 4. HOUSEHOLD MEMBERS AND MONTHLY INCOME: If you gave a Food Stamp case number for the child PART 2, skip to PART 5. **Gross MONTHLY Earnings (before deductions)** Monthly Welfare JOB 1 Monthly Pension/ Any other NAMES OF HOUSEHOLD MEMBERS Payments, Child Retirement Payments, Monthly Support, Alimony SS Income Income _____\$ _____ \$_____ _____\$___ \$ _____ \$ _____ 5.SIGNATURE AND SOCIAL SECURITY NUMBER: I certify that all 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 center 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. Signature of Adult Household Member LAST 4 DIGITS ONLY - Social Security Number* Home telephone # Work telephone # Printed name City/state/zip _____ _ Date _____ **6. RACE:** Please circle the racial or ethnic identity of your child. You are not required to answer this question. can American Hispanic or Latino Asian Hawaiian Na American Indian/ Alaskan Native Not Hispanic or Latino White Black or African American Hawaiian Native or Other Pacific Islander * PRIVACY ACT STATEMENT: Section 9 of the National School Lunch Act requires that, unless your child's Supplemental Nutrition Assistance Program (SNAP) is provided, you must include the last 4 digits of 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 given or an indication is not made that the signer does not have such a number, the application cannot be approved. The Social Security number may be used to identify the household member in carrying out efforts to verify the correctness of the 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 SNAP or welfare office to determine current certification for receipt of SNAP benefits, contacting the state employment security office to determine the amount of benefits received and checking the documentation produced by household members to prove the amount of income received. These efforts may result in a loss of reduction of benefits, administrative claims, or legal actions if incorrect information is reported. The social security number may also be disclosed to programs as authorized under the National School Lunch Act and the Child Nutrition Act, the Comptroller General of the United States, and law enforcement officials for the purpose of investigating violations of certain Federal, state and local education, health, and nutrition programs. FOR CENTER/PROVIDER USE ONLY DO NOT WRITE BELOW THIS LINE MONTHLY INCOME CONVERSION: WEEKLY X 4.33 EVERY TWO WEEKS X 2.15 TWICE A MONTH X 2 TOTAL HOUSEHOLD SIZE _____ MONTHLY INCOME __ CHECK IF **SNAP** PARTICIPANT Eligibility Determination: APPROVED FREE APPROVED REDUCED PRICE DENIED Temporary: FROM TO______ REASON FOR DENIAL: INCOME TOO HIGH _____ INCOMPLETE APPLICATION _____ OTHER: _____ CHANGE IN STATUS: _____ DATE WITHDRAWN:_____ _ DATE: _____ SIGNATURE OF DETERMINING OFFICIAL:

[Form valid for one (1) year from this date]

(SNP 10 Revised 02/2011) 1 of 2

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. Print the name of the child/participant you are applying for. List the child/participant's age and the name of the center. PART 2 - FOOD STAMPS HOUSEHOLDS COMPLETE PART 2 AND PART 5. List a current Supplemental Nutrition Assistance Program (SNAP) case number for the child/participant. No 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 CHILDIS HOUSEHOLDS COMPLETE PART 3 AND PART 5. A foster child is the legal responsibility or a welfare agency or court. 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. A foster parent or other official representing the child must sign the application in Part 5. 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. Write the name of everyone in your household, whether they get income or not; include yourself, 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 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. 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 Other Income Earnings from Work Pensions/Retirement/Social Security 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 Net income from self-owned Regular contributions from persons not living in the household business or farm income Social Security Net royalties/annuities/rental income 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 REASON FOR ELIGIBILITY CHANGE: INCOME _____ HOUSEHOLD SIZE ____ REFUSED TO COOPERATE ____ CHANGE IN FOOD STAMP/AFDC

DATE NOTICE OF CHANGE SENT: VERIFYING OFFICIALS SIGNATURE ______ Date SNP-10 (Rev. 02/2011) 2 of 2