

MEAL BENEFIT FORM FOR SCHOOL YEAR _____

Complete, sign and return the form to _____. Please read the instructions. If you need help completing this form, call: _____.

1. CHILD'S NAME:

Last First M.I.

**FOR MEAL BENEFITS IN SCHOOL, FOR MEAL BENEFITS IN CHILD CARE,
FILL OUT THIS INFORMATION: FILL OUT THIS INFORMATION:**

Child's Grade: _____ Name of Child Care Center: _____

OR

Name of School: _____ Name of Family Day Care Home Provider: _____

Name of Sponsor (if known): _____

FOR MEAL BENEFITS IN THE SUMMER FOOD SERVICE

PROGRAM (SFSP), CHECK THIS BOX []

2. Is this a FOSTER CHILD? (See the instructions). If this is a foster child, check here [] and write the child's monthly personal use income here: \$ _____. Go to section #5.

3. Are you getting FOOD STAMPS, TANF or FDPIR benefits for your child or, for Tier II day care homes, are you enrolled in any other eligible subsidized benefit program? List the CASE NUMBER. DO NOT complete section #4. Go to section #5.

Food stamp case number: _____ FDPIR case number: _____

TANF case number: _____

(For Parents of children in Tier II day care homes only) Other eligible program and case number: _____

4. ALL OTHER HOUSEHOLDS: (Complete this part only if you did not complete sections #2 or #3) List all household members, including the child listed above. List all income. Go to section #5.

Names	Current Monthly Income			
	Names of Household Members (include the child listed above)	Monthly Earnings from Work (Before Deductions) Job 1	Monthly Welfare, Child Support, Alimony	Monthly Payments from Pensions, Retirement, Social Security
1.	\$	\$	\$	\$
2.	\$	\$	\$	\$
3.	\$	\$	\$	\$
4.	\$	\$	\$	\$
5.	\$	\$	\$	\$
6.	\$	\$	\$	\$
7.	\$	\$	\$	\$
8.	\$	\$	\$	\$
9.	\$	\$	\$	\$
10.	\$	\$	\$	\$
11.	\$	\$	\$	\$
12.	\$	\$	\$	\$

Meal Benefit Form
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5. SIGNATURE AND SOCIAL SECURITY NUMBER: *NALTIES FOR MISREPRESENTATION:* I certify that all of the above information is true and correct and that the food stamp, FDPIR, TANF or other eligible program case number is current, correct or 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 Meal Benefit Form and that the deliberate misrepresentation of the information may subject me to Prosecution under applicable State and Federal laws.

Signature of Adult: _____ **Social Security Number:** _____ - _____ - _____

Are you a family day care home provider applying for Tier I benefits? Y [] N []

Printed Name: _____ Home Phone: _____ Work Phone: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____ Date: _____

Privacy Act Statement: Unless you list the child's food stamp, FDPIR or TANF case number or are applying for a foster child, Section 9 of the National School Lunch Act requires that you include the social security number of the household member signing the form or indicate that the household member signing the form does not have a social security number. You do not have to list a social security number, but if a social security number is not listed or an indication is not made that the adult household member signing the form does not have a social security number, we cannot approve the form. The social security number may be used to identify the household member in verifying the correctness of the information stated on the form. This may included program reviews, audits, and investigations and may include contacting employers to determine income, contacting a food stamp, FDPIR or TANF office to determine current certification for food stamps, FDPIR 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 le-al actions if incorrect information is reported. The social security number may also be disclosed to pro-rams 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 investigation- violations of certain Federal, State and local education, health and nutrition programs.

6. RACIALIETHNIC IDENTITY: You are not required to answer these questions. If you choose to do so: Please mark one or more of the following racial identities:

- [] American Indian or Alaska Native [] Asian [] Black or African American [] Native Hawaiian or Other Pacific Islander
[] White

Please mark one of the following ethnic identities:

- [] Hispanic or Latino [] Not Hispanic or Latino

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For Official Use Only:

Food Stamp/FDPIR/TANF or other eligible benefit program (tier II day care homes only) household categorically eligible free:

- [] Yes [] No

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

Total monthly income: _____ Household size: _____ Eligible: _____ NOT Eligible: _____

Eligibility Classification: Free ____ Reduced Price ____ Paid ____ Temporary: Free ____ Reduced Price ____

Tier I ____ Tier II ____ Time Period: _____

Determining official: _____

Signature: _____ Date: _____