

APPLICATION FOR FREE AND REDUCED-PRICE MEALS

Complete, sign, and return the form to _____.

Please read the instructions. If you need help completing this form, call: _____.

Name of Child Care Facility: _____

OR

Name of Family Day Care Home Provider: _____

AND

Name of Family Day Care Home Sponsor: _____

Part 1: List the names of all enrolled children for which you are submitting this application.

Child's Last Name	Child's First Name	Child's Middle Initial	Child's Date of Birth

Part 2: Is this a FOSTER CHILD? If this is a foster child, check here [] and write the child's monthly personal use income here: _____. Complete a separate form for each foster child. Go to Part #5.

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

Food Stamp Case Number: _____ TANF Case Number: _____

For parents of children in Tier II Day Care Homes only, List other eligible program and case number or attach documentation:

Part 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 children 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.	\$	\$	\$	\$

Part 5: SIGNATURE AND SOCIAL SECURITY NUMBER:

PENALTIES FOR MISREPRESENTATION: *I certify that all of the above information is true and correct and that the food stamp or TANF or other eligible program case number or documentation 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 Application for Free and Reduced-Price Meals, and that deliberate misrepresentation may subject me to Prosecution under applicable State and Federal laws.*

Signature of Adult: _____ Social Security Number: _____ - _____ - _____
or an indication he/she has none

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

Home Address: _____

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

Are you a family day care home provider applying for Tier I benefits? Yes No

Section 9 of the National School Lunch Act requires that, unless a food stamp or TANF case number is provided for your child, you must include a social security number on the application. This must be the social security number of the adult household member signing the application. If the household member signing the application does not possess a social security number, he/she must indicate so on the application. 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 adult household member signing the application does not have one, 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 food stamp or welfare office to determine current certification for receipt of food stamps or TANF 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 or reduction of benefits, administrative claims, or legal action 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 investigation violations of certain Federal, State, and local education, health, and nutrition programs.

Part 6: RACIAL/ETHNIC 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 White Native Hawaiian or Other Pacific Islander

Please mark one of the following ethnic identities:

Hispanic or Latino Not Hispanic or Latino

Part 7: OTHER BENEFITS: This application information may be shared with the Family and Social Services Administration for the purpose of determining children who may qualify for free or low-cost health insurance under Medicaid or Hoosier Healthwise. If you **DO NOT** want the application shared for this purpose, please sign below.

I certify that I am the parent/guardian of the child(ren) for whom application is being made. I **DO NOT** want the release of information for this purpose.

SIGNATURE OF PARENT/GUARDIAN

DATE

For Information about Hoosier Healthwise health insurance, call **1-800-889-9949**.

In the operation of child feeding programs and in accordance with Federal law and U. S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410, or call 202-720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

FOR OFFICIAL USE ONLY: Monthly Income Conversion: Weekly X 4.33 Every 2 weeks X 2.15 Twice a Month X 2

Food Stamp, TANF, or other eligible benefit program (for Tier II day care homes only)—Is the household categorically eligible for free/reduced meals? Yes No

Total Monthly Income: _____ Household Size: _____ Eligible NOT Eligible

Eligibility Classification Free Reduced-Price Paid Tier I Tier II

Temporary Approval: Free Reduced-Price Tier I 45 day time period ends: _____

Printed Name and Title of Determining Official _____

Original Signature _____ Approval Date: _____

THIS FORM EXPIRES ONE YEAR FROM THE APPROVAL DATE