

HOUSEHOLD MEAL BENEFIT APPLICATION
Child Care Centers: July 1, 2008-June 30, 2009

Please complete this application so that we may receive reimbursement for meals served to children in our program.

PART 1 – ENROLLED CHILD (CHILDREN) INFORMATION

<u>Last Name</u>	<u>First Name</u>	<u>Food Stamp or TCA Case # (if any)</u> <i>(Skip to Part 4 if you listed a Food Stamp or TCA Case # for each child)</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

PART 2 - FOSTER CHILD: Check if the child is the legal responsibility of the Department of Social Services or court. Write the child's personal use monthly income: \$_____ and skip to Part 4. The foster parent/official representing the child must sign the application in Part 4. A Social Security Number is not required.

PART 3 – TOTAL HOUSEHOLD GROSS INCOME

You must tell **how much** and **how often** (i.e., weekly, every other week, twice a month, or monthly). Example: \$200/weekly

NAMES OF ALL HOUSEHOLD MEMBERS (Include the child (children) named above.)	EARNINGS FROM WORK (before deductions)		ADDITIONAL INCOME Child Support, Alimony, TCA, Pensions, Retirement, Social Security		ALL OTHER INCOME		Check if NO income
	Income	Frequency	Income	Frequency	Income	Frequency	
1.	\$.		\$.		\$.		<input type="checkbox"/>
2.	\$.		\$.		\$.		<input type="checkbox"/>
3.	\$.		\$.		\$.		<input type="checkbox"/>
4.	\$.		\$.		\$.		<input type="checkbox"/>
5.	\$.		\$.		\$.		<input type="checkbox"/>
6.	\$.		\$.		\$.		<input type="checkbox"/>

PART 4 - SIGNATURE AND SOCIAL SECURITY NUMBER

I certify that all of the above information is true and that all income is reported. I understand that this information is being given for the center's receipt of federal funds; and that if I purposely give false information I may be prosecuted.

Signature of Adult Household Member	Date	Social Security Number*
Print Name: _____	Telephone No.: (H) _____	(W) _____
Address: _____	City: _____	State: _____ ZIP: _____

PART 5 - RACIAL/ETHNIC IDENTITY (Optional)

Racial Identities: American Indian/Alaskan Native Asian Black/African American Native Hawaiian/Other Pacific Islander White Other
Ethnic Identities: Hispanic or Latino Not Hispanic or Latino

*Privacy Act Statement: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, it may reduce the amount of reimbursement the center may be entitled to. The adult household member signing the application must include their Social Security Number unless: they do not have a Social Security Number; the application is for a foster child; or a Food Stamp or Temporary Cash Assistance case number has been provided for all enrolled child(children). We will use your information to determine the centers Programs reimbursement and for administration and enforcement of the meal programs. Program reviews and investigations may be conducted to verify correctness of any information provided on this form or to look into violations of program rules. These efforts may include contacting employers and State or local governmental offices. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs.

FOR CENTER USE ONLY Annual Income Conversion: Weekly X 52, Every 2 Weeks X 26, Twice a Month X 24, Monthly X 12

Household Size: _____	Total Income: \$ _____	Per: <input type="checkbox"/> Week <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
Eligibility Determination: <input type="checkbox"/> Free <input type="checkbox"/> Reduced-Price <input type="checkbox"/> Denied Temporary Until: _____		
Categorical Eligibility: <input type="checkbox"/> TCA <input type="checkbox"/> Food Stamp Reason for Denial: <input type="checkbox"/> Income too high <input type="checkbox"/> Incomplete Form <input type="checkbox"/> Other: _____		
Change in Status (reason and date): _____		Date Withdrawn: _____
Determining Official's Signature: _____		Date Signed: _____

**Instructions for Completing the Meal Benefit Application
Child Care Centers: July 1, 2008-June 30, 2009**

Complete the form using the instructions below. Sign the form and return it to the center. Complete a separate application for each foster child. Call the center if you need help () _____.

PART 1 – CHILD (CHILDREN) INFORMATION - ALL HOUSEHOLDS COMPLETE

1. Use one household Meal Benefit Application for all children in your household enrolled at the center. Print the name of the enrolled child (children) and provide a Food Stamp or TCA number, if any.
 - If there are enrolled children in your household without a TCA or Food Stamp number, complete Part 3.
 - If a Food Stamp or TCA number is provided for all enrolled children in the household, skip to Part 4. A Social Security Number is not required.

PART 2 – COMPLETE ONLY IF APPLYING FOR A FOSTER CHILD

1. Check the box and list the personal use monthly income, if any, for the enrolled child.
"Personal use" income is: (a) Money given by the Department of Social Services identified by category for the personal use of the child, 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 full-time or regular part-time jobs of the child.
2. Skip Part 3. Do not list any other children, household members, or income.
3. A foster parent or other official representing the child must sign the application in Part 4. A Social Security Number is not necessary.

PART 3 – TOTAL HOUSEHOLD GROSS INCOME

1. List the first and last name of everyone in your household, whether they get income or not. Your household includes all those living as one economic unit. Include yourself, all children living with you, and any other person living in your household, related or not (such as grandparents, other relatives, or friends). Do not list foster children; complete a separate application for each foster child as directed in Part 2. Attach another sheet of paper if necessary.
2. Next to each person's name, list each type of income received last month, and how often it was received. You must indicate how much (in dollars and cents), and how often received (weekly, every other week, twice a month, or monthly). **If a household member has no income—indicate this by checking the box in the last column.**
3. Report all income as **gross income**, except as noted. Gross income is the amount earned before taxes and other deductions. This is not the same as take-home pay. For self-owned business, farm, or rental income, report income as **net income**.
4. If you are in the Military Housing Privatization Initiative, do not include your housing allowance as income.

PART 4 – SIGNATURE AND SOCIAL SECURITY NUMBER - ALL HOUSEHOLDS COMPLETE

1. All forms must have the signature of an adult household member.
2. The form must have the Social Security Number of the adult who signs unless the adult does not have a Social Security Number. Write "none" to show that the adult does not have a Social Security Number. A Social Security Number is not needed if you listed a Food Stamp or TCA number for each enrolled child (children) or if you are applying for a foster child.

PART 5 – RACIAL/ETHNIC IDENTITY

1. You are not required to answer this question to get meal benefits. This information will help ensure that everyone is treated fairly.

INCOME TO REPORT

Earnings from Work
Wages/salaries/tips

Additional Income
Child Support
Alimony
TCA payments
Pensions
Retirement
Social Security

All Other Income
Disability benefits
Cash withdrawn from savings
Interest/Dividends
Income from Estates/Trusts/Investments
Regular contributions from persons not living in household
Net royalties/annuities/net rental income
Strike benefits
Unemployment compensation
Workers compensation
Net income from self-owned business or farm
Supplemental Security Income (SSI)
Veterans benefits (VA)

LETTER TO HOUSEHOLDS
CHILD AND ADULT CARE FOOD PROGRAM
Child Care Centers: July 1, 2008 - June 30, 2009

Dear Parent or Guardian:

In order for our center to comply with the requirements of the U.S. Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP), we ask that you please complete, sign, and return the attached form as soon as possible. This form will be placed in our files and treated as confidential information. All children enrolled in our program receive their meals free of charge, but the determination of eligibility category affects the amount of federal funding received by our center.

Use one Household Meal Benefit Application for all children in your household enrolled in the center. If you receive Food Stamps or Temporary Cash Assistance (TCA) on behalf of your child (children), provide the case number on the application for each enrolled child. You must sign and date the statement in part 4 of the form. If a Food Stamp or TCA number is not provided for each enrolled child, the Meal Benefit Application must also include: names of all household members; the current gross income, by source, for each member listed; the signature of an adult household member; and the date the form was completed. In addition, the household member who signs this form must provide their Social Security Number or write the word "none." The Department of Agriculture defines a household as a group of related or unrelated individuals (not residents of an institution or boarding house) who are living as one economic unit (i.e., sharing living expenses). Therefore, the income reported on the application must include the gross income of all members of your household, by source.

A foster child who is the legal responsibility of a local government agency or court may be certified as eligible for free meals regardless of your household income. Please complete a separate application for each foster child.

The income which you report must be the total gross income, listed by source, received by each household member last month. If last month's income does not accurately reflect your circumstances, you may provide a projection of your current annual income, and you may use last year's income as a basis for making this projection if no significant changes have occurred. If your household's income is equal to or less than the amounts indicated for your household's size on the bottom of this page, the center receives a higher level of federal financial reimbursement.

All meals served to children under the Child and Adult Care Food Program are served free regardless of race, color, sex, age, disability, or national origin. There is no discrimination in admissions policy, meal service, or the use of facilities. If a child has been determined by a doctor to have a disability that would prevent the child from eating the regular meal, this center will make substitutions prescribed by the doctor. If you believe substitutions are needed because of a disability, please get in touch with us for further information. Program documents are available in alternate formats (Braille, other languages, electronic) upon request; call _____ at _____.
Maryland Relay Number (1-800-735-2258). Center Representative Telephone Number

In accordance with Federal law and U.S. Department of Agriculture (USDA) 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, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (voice). TDD users can contact USDA through local relay or the Federal Relay at (800) 877-8339 (TDD) or (866) 377-8642 (relay voice users). USDA is an equal opportunity provider and employer.

The Maryland State Department of Education does not discriminate on the basis of race, color, sex, age, national origin, religion, disability or sexual orientation in matters affecting employment or in providing access to programs. For inquiries related to Department policy please contact: Equity Assurance and Compliance Branch, Office of the State Superintendent, Maryland State Department of Education, 200 West Baltimore Street, Baltimore, Maryland 21201-2595 - 410 767-0433 Voice - 410-767-0431 FAX - 410-333-6442 TTY/TDD

Center Representative

Income Eligibility Guidelines for Reduced-Price Meals
Effective from July 1, 2008, to June 30, 2009

Household Size	Year	Month	Week
1	\$19,240	\$1,604	\$370
2	25,900	2,159	499
3	32,560	2,714	627
4	39,220	3,269	755
5	45,880	3,824	883
6	52,540	4,379	1,011
7	59,200	4,934	1,139
8	65,860	5,489	1,267
For each add'l member add:	\$6,660	\$555	\$129