

# FLORIDA DEPARTMENT OF HEALTH

## CHILD CARE FOOD PROGRAM

### FREE AND REDUCED-PRICE MEAL APPLICATION

To apply for free and reduced price meals for your child, read the instructions and complete this form. Sign your name, date and return the application to \_\_\_\_\_. If you need assistance filling out this form, call this number: \_\_\_\_\_.

**PART 1 – INFORMATION ON CHILD: \_\_\_\_\_ NAME AND ADDRESS OF CCC/OSHCC: \_\_\_\_\_**

Child's Name: \_\_\_\_\_  
 Last Name First Name Date of Birth \_\_\_\_\_

**PART 2 – HOUSEHOLDS RECEIVING FOOD ASSISTANCE PROGRAM OR TANF BENEFITS:** Complete this part and Part 4.  
 Food Assistance Program Case Number: \_\_\_\_\_ TANF Case Number: \_\_\_\_\_

**PART 3 – ALL OTHER HOUSEHOLDS:** If you gave a Food Assistance Program or TANF number, then skip to Part 4. Otherwise, complete this part and Part 4.

HOUSEHOLD MEMBERS		INCOME AMOUNT & FREQUENCY				
List pay frequency (i.e., annually, monthly, twice a month, biweekly, or weekly) after each amount.						
List the Names of <u>Everyone</u> in Your Household (include child listed in Part 1 above)	Check Box if Foster Child	Gross Earnings (Before Deductions) If self-employed, list net income	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security	All Other Income (including personal use income of a foster child)	Check Box if Person has NO INCOME
Last Name, First Name	<input type="checkbox"/>	\$ Amt./Frequency	\$ Amt./Frequency	\$ Amt./Frequency	\$ Amt./Frequency	<input type="checkbox"/>
1. _____	<input type="checkbox"/>	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
4. _____	<input type="checkbox"/>	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
5. _____	<input type="checkbox"/>	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
6. _____	<input type="checkbox"/>	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>

**PART 4 – SIGNATURE AND SSN: An adult household member must sign the application before it can be approved.**

\_\_\_\_\_  
 Signature of Adult Household Member Date Signed Home Phone # \_\_\_\_\_

Home Address \_\_\_\_\_ Work Phone # \_\_\_\_\_  
 Street Address, City, State, Zip Code

Last Four Digits of Social Security Number \_\_\_\_\_ Write **NONE** if you don't have a Social Security Number

**PENALTIES FOR MISREPRESENTATION:** I certify that all information on this application 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.

**PART 5 (Optional) - RACIAL IDENTITY OF CHILD ETHNIC IDENTITY OF CHILD**  
 American Indian or Alaskan Native  Asian  Black or African American  Hispanic or Latino  
 Native Hawaiian or other Pacific Islander  White  Not Hispanic or Latino

Privacy Act Statement: Section 9 of the National School Lunch Act requires that, unless you list a current Food Assistance Program or TANF case number or are applying for a foster child, you must include the last four 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 the last four digits of a social security number is not mandatory, but if this information is not given or an indication is not made that the signer does not have such a number, the application cannot be approved. The last four digits of 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 Assistance Program or welfare office to determine current certification for receipt of Food Assistance Program 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. We may share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs; auditors for program reviews; and law enforcement officials to help them look into violations of program rules.

**For Contractor Use Only:**  
 Food Assistance Program/TANF household Total Household Size: \_\_\_\_\_ Total Household Income: \$ \_\_\_\_\_  
 Foster Child Income Frequency: Weekly / Biweekly / Twice a Month / Monthly / Annual (circle one)

**Note: If different income frequencies are listed, convert all income to an annual amount. Annual Income Conversion: Weekly x 52, Biweekly x 26, Twice a Month x 24, Monthly x 12**

Eligibility Determination:  Free  Reduced  Non-needy  
 Reason for Non-needy Status:  Income too High  Incomplete Application  Other (Reason) \_\_\_\_\_

Signature of Determining Official: \_\_\_\_\_ Date Signed: \_\_\_\_\_

## FREE AND REDUCED-PRICE MEAL APPLICATION INSTRUCTIONS

### IF ANY MEMBER OF YOUR HOUSEHOLD RECEIVES FOOD ASSISTANCE PROGRAM OR TANF BENEFITS, FOLLOW THESE INSTRUCTIONS:

**Part 1:** Print the name and date of birth of the child you are applying for. Print the name and address of the child care center the child attends, if not already pre-printed. **Part 2:** List the current Food Assistance Program (formerly known as the Food Stamp Program) or Temporary Assistance for Needy Families (TANF) case number. The case number is on your letter of eligibility; it is not the number on your EBT card. **Skip Part 3.** **Part 4:** An adult household member must sign the form, but the last four digits of the signer's social security number are not necessary. Complete the address and phone number fields and date the form. **Part 5:** You are not required to answer this question. However, providing this information will help ensure equal access to the Child Care Food Program.

### IF YOU ARE APPLYING FOR A FOSTER CHILD, CHOOSE ONE METHOD BELOW TO APPLY:

**NOTE:** With appropriate documentation, foster children are automatically eligible for free meals regardless of the income of the household with whom they reside. Households wishing to apply for meal benefits for foster children should contact us if they have any questions.

**Method 1:** Provide official documentation from the foster care agency or court that placed the child with the specific household. With such documentation, it is not necessary to complete the Free and Reduced-Price Meal Application.

**Method 2:** Complete the Free and Reduced-Price Meal Application according to these instructions – **Part 1:** Print the name and date of birth of the child you are applying for. Print the name and address of the child care center the child attends, if not already pre-printed. **Skip Part 2.** **Part 3:** List the child's name, check the box in the "Foster Child" column, and report the child's personal use income, if any, in the "All Other Income" column. "**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/or b) all other money the child receives, such as money from his/her family and money from the child's full-time or regular part-time jobs.** Do not include payments to the household for the care of the foster child. If the child receives no income, check the "NO INCOME" box in the last column. **Part 4:** A foster parent or other official representing the child must sign the form, but the last four digits of the signer's social security number are not necessary. Complete the address and phone number fields and date the form. **Part 5:** You are not required to answer this question. However, providing this information will help ensure equal access to the Child Care Food Program.

**Method 3:** Complete the Free and Reduced-Price Meal Application according to the instructions below for ALL OTHER HOUSEHOLDS.

### ALL OTHER HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

**Part 1:** Print the name and date of birth of the child you are applying for. Print the name and address of the child care center the child attends, if not already pre-printed.

**Skip Part 2.**

**Part 3:**

- (1) Write the names of everyone in your household, whether they receive income or not. Include yourself, the child 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) If a household member is a foster child, check the box in the "Foster Child" column next to his/her name.
- (3) Write the amount of income each household member regularly receives, before taxes or anything else is taken out, and how often it is received. List income in the appropriate column(s) to designate the source of the income, such as earnings, welfare, pensions, and other income (**refer to examples below for types of income to report**). If a foster child is listed, report his/her personal use income, if any, in the "All Other Income" column. **Refer to Method 2 above for the definition of a foster child's personal use income.** Do not include payments to the household for the care of the foster child as income for any household member. If any amount(s) received during the last month was more or less than usual, write that person's usual income.
- (4) **For any person with no income, including children, check the "NO INCOME" box in the last column.**

**Part 4:** An adult household member must sign the application and give the last four digits of his/her social security number (or write NONE if s/he doesn't have a social security number).

**Part 5:** You are not required to answer this question. However, providing this information will help ensure equal access to the Child Care Food Program.

### INCOME TO REPORT

Earnings from Employment:

Wages/salaries/tips  
Strike benefits  
Unemployment compensation  
Worker's compensation  
Net income from self-owned business or farm

Pensions/Retirement/Social Security:

Pensions  
Supplemental security income  
Retirement income  
Veteran's payments  
Social security

Other Income:

Disability benefits  
Cash withdrawn from savings  
Interest/dividends  
Income from estates/trusts/investments  
Regular contributions from persons not living in the household  
Net royalties/annuities/net rental income  
Any other income

Certain Military Income and Benefits:

All cash income for off base commercial, private housing allowances, excluding the Military Housing Privatization Initiative and Family Subsistence Supplemental Allowance (FSSA)

All cash income for uniform allowances

All cash income made available to the household, except for combat pay received under certain conditions

**Does not** include "in-kind" benefits NOT paid in cash (base housing, clothing, food, medical care, etc.)

Welfare/Child Support/Alimony:

Public assistance payments  
Welfare payments  
Alimony/child support payments