

CHILD ENROLLMENT FORM/INCOME APPLICATION

Participant Information: (To be completed by Parent/Guardian)

If a child is a SNAP/K-TAP recipient or a Foster/Head Start participant, the child is automatically eligible to receive free Program meal benefits, subject to the requirements of 7 CFR 226.23.

If your participant receives assistance from the items below, they are automatically eligible for free meals. (Please complete and skip to section 2.)

Participant's Last Name	Participant's First Name	Date of Birth <i>*If under 12 months, please complete Infant Addendum</i>	Meals Normally Eaten (Circle all that apply)	Head start	Foster	SNAP or K-TAP # <u>List Entire SNAP or K-TAP CASE NUMBER Below</u>
			B AM L PM S LN	<input type="checkbox"/>	<input type="checkbox"/>	
			B AM L PM S LN	<input type="checkbox"/>	<input type="checkbox"/>	
			B AM L PM S LN	<input type="checkbox"/>	<input type="checkbox"/>	
			B AM L PM S LN	<input type="checkbox"/>	<input type="checkbox"/>	

*Parent/Guardian works multiple shifts and participants may be in care different days/hours ___yes ___no

If child receives Head start services, please proceed to complete Section 2. Household Income is not required.

1. Income Application Household Members and Monthly Income:

NAMES OF HOUSEHOLD MEMBERS Including Children Not Listed Above Last, First	GROSS MONTHLY Income From Work (Before Deductions)	MONTHLY Income From Welfare Payments, Child Support, Alimony	MONTHLY Income From Pensions, Retirement, Social Security, Unemployment Compensation	Any Other MONTHLY Income Including Money Received from Kinship/Foster Child
1.	\$	\$	\$	\$
2.	\$	\$	\$	\$
3.	\$	\$	\$	\$

2. Signature and Social Security Number:

I certify that all of 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 and that deliberate misrepresentation may subject me to prosecution under applicable state and federal laws.

X _____
Signature of Adult Household Member **Home/Cell Phone Number**
 X _____ No Social Security Number X _____
Last four digits Social Security Number* **Date**

FOR SPONSOR USE ONLY. DO NOT WRITE BELOW THIS LINE.

Application approved for: Free Meals SNAP/KTAP
 Reduced Meals Foster
 Paid Meals Headstart
 Income Household
 Total Household Monthly Income _____
 Household Size _____

Signature of Determining Official

Date

*7 CFR 226.15 (e)(2)

(Revised February 2018)

"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, we cannot approve the participant for free or reduced-price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The last four digits of the Social Security Number are not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for the participant or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced-price meals, and for administration and enforcement of the Program."

USDA Nondiscrimination Statement

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