

**CHILD AND ADULT CARE FOOD PROGRAM
APPLICATION FOR MEALS IN ADULT DAY CARE CENTERS
Program Year 2011-2012**

To apply for free and reduced price meals in an adult day care center carefully complete this form, sign it and return it to the center. If you need help with this form, call the center: _____.

PART 1 - COMPLETE THIS PART IF THE INDIVIDUAL ENROLLED IN THE CENTER IS CURRENTLY INCLUDED IN A HOUSEHOLD WHICH RECEIVES SNAP, (Supplemental Nutrition Assistance Program), TANF (Temporary Assistance for Needy Families), FDIPIR (Food Distribution for Persons on Indian Reservations), OR RECEIVES ASSISTANCE UNDER THE SUPPLEMENTAL SECURITY INCOME (SSI) PROGRAM OR MEDICAID. IF YOU COMPLETE THIS PART, SKIP PART 2 AND GO ON TO PART 3.

ENROLLEE'S NAME	CASE NUMBER	SNAP/TANF	SSI	MEDICAID
1.				
2.				

PART 2- Under column 1 you must list the names of the enrollee, his or her spouse and/or any other individual(s) who reside(s) with the enrollee and who depend(s) on the enrollee for economic support. If you need more space, use a separate piece of paper. Use Line 1 to identify the individual enrolled in the adult day care center. Use column 2 for age. In the next 4 columns, list ALL income received last month on the same line as the name of the person who received it. You must list the GROSS income (the amount BEFORE deductions for taxes, Social Security, etc.). List each amount under the correct title and list the TOTAL MONTHLY INCOME at the bottom. Use the last column if you have no income.

NAME (LAST, FIRST)	AGE	Salary/Wages Before Deduction	TANF, SNAP, Child Support, Alimony	Pensions, Retirement & Social Security	All other Income	Check if No Income
1.						
2.						
3.						
TOTAL MONTHLY INCOME						

PART 3 - IDENTIFYING INFORMATION AND CERTIFICATION OF DATA

RACE: Please check the race and ethnic identity of the individual enrolled in an adult day care center. You are not required to answer this question. We need this information to be sure that everyone receives benefits on a fair basis. **NO ENROLLEE WILL BE DISCRIMINATED AGAINST BECAUSE OF RACE, COLOR, NATIONAL ORIGIN, SEX, AGE, OR DISABILITY.**

Mark one or more racial identities:

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

Mark one ethnic identity: Hispanic or Latino Not Hispanic or Latino

PART 4 - PENALTIES FOR MISREPRESENTATION: 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; that the information on the application may be verified; and that the deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal Laws.

PART 5 - SIGNATURE AND SOCIAL SECURITY NUMBER: An adult household member MUST sign the application before it can be approved. (enrollee or adult household member)

_____ Social Security Number: _____
 SIGNATURE OF ADULT O I do not have a Social Security Number

Print Name _____ Home Telephone# _____ Work Telephone# _____

Street/ApartmentNumber _____ City/State/ZipCode _____ Date _____

Did you give a TANF/SNAP, SSI or Medicaid IDENTIFICATION number? If you are applying based on family income, Federal Law requires you to list the Social Security number of the adult household member or enrollee who signs the Meal Application. You do not have to give a Social Security number, but if you refuse the enrollee cannot receive free or reduced price meals. If the adult does not have a social security number, mark an 'X' to show that the adult does not have a social security number. The Social Security numbers may be used to identify you for verifying the information you report on this application. Verification may include audits, investigations, contacting the State Employment Security Office, Food Stamp or Welfare Office and employers and checking the written information provided by the household to confirm the information received. If incorrect information is discovered, a loss of benefits or legal action may occur. These facts must be told to the household member whose Social Security number is reported on this form.

Remember, you must report the total income amount before taxes, social security, health benefits, union dues, or other deduction are made.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. "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 Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."

FEDERAL ELIGIBILITY INCOME CHART For School Year 2012			
Household size	Yearly	Monthly	Weekly
1	20,147	1,679	388
2	27,214	2,268	524
3	34,281	2,857	660
4	41,281	3,446	796
5	48,415	4,035	932
6	55,482	4,624	1,067
7	62,549	5,213	1,203
8	69,616	5,802	1,339
Each additional person:	7,067	589	136

Don't fill out this part. This is for school/organization use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24 Monthly x 12

Total Income: _____ Per: Week, Every 2 Weeks, Twice A Month, Month, Year Household size: _____

Categorical Eligibility: ___ Date Withdrawn: _____ Eligibility: Free___ Reduced___ Denied___

Reason: _____

Temporary: Free___ Reduced___ Time Period: _____ (expires after ___ days)

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Verifying Official's Signature: _____ Date: _____