

**PY 2009-CHILD CARE**  
**FREE AND REDUCED PRICE MEAL APPLICATION**  
 Valid Only -- October 1, 2008 - September 30, 2009  
 Child and Adult Care Food Program

CACFP 106  
 PY 2009-CC  
 (REV. 6/08)  
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**PART 1**

\_\_\_\_\_

Sponsoring Institution Child Care Center

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Child's Name:      Last First M.I. Age

**PART 2 - FOSTER CHILD:** Is this applicant a FOSTER CHILD? (See the instructions.) If this applicant is a foster child, check this box [  ] and write the child's monthly personal use income here: \$ \_\_\_\_\_. **GO TO PART 4B.**

**PART 3 - Are you receiving FOOD STAMPS, FITAP OR FDPIR benefits for your child, or are you enrolled in any other eligible subsidized benefit program? List the CASE NUMBER. EXAMPLE: Food Stamp Case # 40Z545-36-8776. DO NOT complete PART 4A.**

Food Stamp Case Number: \_\_\_\_\_ -Z- \_\_\_\_\_      FITAP Number: \_\_\_\_\_  
 FDPIR Identification Number: \_\_\_\_\_      **GO TO PART 4B**

**PART 4A - ALL OTHER HOUSEHOLDS:** (Complete this PART only if PARTS 2 or 3 was not completed.) List complete name of child above and any household members who are a part of the same economic unit and all sources of income (See definition of "Household"). **GO TO PART 4B below.**

NAMES	CURRENT MONTHLY INCOME			
Names of Household Members (Include the child listed above.)	Monthly Earnings from Work (Before Deductions) Job I	Monthly Welfare, Child Support, Alimony	Monthly Payments from Pensions, Retirement, Social Security	Monthly Earnings from Job 2 Or Any Other Income
1. _____	\$ _____	\$ _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____	\$ _____	\$ _____
5. _____	\$ _____	\$ _____	\$ _____	\$ _____
6. _____	\$ _____	\$ _____	\$ _____	\$ _____
7. _____	\$ _____	\$ _____	\$ _____	\$ _____
8. _____	\$ _____	\$ _____	\$ _____	\$ _____
9. _____	\$ _____	\$ _____	\$ _____	\$ _____
10. _____	\$ _____	\$ _____	\$ _____	\$ _____
11. _____	\$ _____	\$ _____	\$ _____	\$ _____
12. _____	\$ _____	\$ _____	\$ _____	\$ _____
13. _____	\$ _____	\$ _____	\$ _____	\$ _____
14. _____	\$ _____	\$ _____	\$ _____	\$ _____

**PART 4B - Please indicate the normal days and hours of expected care for participant listed above (Circle all that apply and list hours below):**

Days:      M      T      W      TH      F      Hours of care: From \_\_\_\_\_ To \_\_\_\_\_

**Indicate expected meals (Check all that apply: B=Breakfast, L=Lunch, S=Snack):**

\_\_\_\_\_ BLS    \_\_\_\_\_ LS    \_\_\_\_\_ BS (Before and/or After school Care)    \_\_\_\_\_ B Only    \_\_\_\_\_ L Only    \_\_\_\_\_ S Only

\*Days, hours and meal types may vary based on actual participation.  
**GO TO PART 5**

**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, FITAP or FDPIR or other eligible program case number 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 meal application form; and that the deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

Signature of Adult: \_\_\_\_\_ Social Security Number \_\_\_\_\_

Printed Name: \_\_\_\_\_ Work Telephone: (\_\_\_\_\_) \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Telephone: (\_\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Date: \_\_\_\_\_

**Privacy Act Statement:** Unless the child's food stamp, FITAP or FDPIR case number is listed or are applying for a foster child, Section 9 of the National School Lunch Act requires that the social security number of the household member signing the application must be included or an indication that the household member signing the application does not possess a social security number. 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. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information shown on the statement. 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, FITAP or FDPIR office to determine current certification for receipt of Food Stamps, FITAP or FDPIR 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. 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 investigating violations of certain Federal, State and local education, health and nutrition programs.

**PART 6 - RACIAL/ETHNIC IDENTITY:** Participant is not required to answer these questions. If you choose to do so, mark one or more of the following racial/ethnic identities:

- American Indian or Alaska Native     
  Asian     
  Black or African American  
 Native Hawaiian or Other Pacific Islander     
  White     
  Hispanic or Latino     
  Not Hispanic or Latino

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**FOR INSTITUTION'S OFFICIAL USE ONLY:** Food Stamp/FITAP/FDPIR or other eligible program Household Categorically Eligible for Free benefits: [ ] Yes [ ] No

**ANNUAL INCOME CONVERSION:** WEEKLY X 52, EVERY 2 WEEKS X 26, TWICE A MONTH X 24, MONTHLY X 12

Total Income: Monthly \_\_\_\_\_ Annual \_\_\_\_\_ Household Size: \_\_\_\_\_

Eligibility Classification: Free \_\_\_\_\_ Reduced \_\_\_\_\_ Paid/Above \_\_\_\_\_

Determining Official's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Complete the CACFP Free/Reduced Price (F/RP) Meal Application using the instructions below. Sign the application and return it to the Center. **Complete a separate F/RP Meal Application for each participant.** Call the Center if you need help: #\_( ) \_\_\_\_\_

**PART 1 – PARTICIPANT’S INFORMATION: COMPLETE THIS PART** and other PARTS, as applicable.

- (a) Include the name of the Institution and the name of the Center/Facility if different from the Institution.
- (b) Print the participant’s complete legal name and age (No abbreviations, nicknames or initials).

**PART 2 - FOSTER CHILDREN** (A foster child is the legal responsibility of a welfare agency or court.): **COMPLETE THIS PART FOR EACH ENROLLED FOSTER CHILD IN THE CENTER, GO TO PART 4B.**

- (a) List the foster child's "monthly personal use" income. Write "O" if the foster child does not receive "personal use" income. However, if the foster parent is receiving Food Stamps, FITAP or FDPIR benefits for the foster child, indicate the case number or identification numbers in **PART 3**. Do not list any other children, household members or income. **Foster children are categorically eligible for "Free" benefits when approved as a single member household.** Complete a separate application for each enrolled foster child.
- (b) A foster parent or other official representing the child must sign the application in **PART 5**; social security number of parent/guardian is not required.

*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 (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.

**PART 3 - HOUSEHOLDS RECEIVING FOOD STAMPS, FAMILY INDEPENDENCE TEMPORARY ASSISTANCE PROGRAM (FITAP), OR FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPIR) BENEFITS: COMPLETE THIS PART, GO TO PART 4B.**

- (a) List current Food Stamp, FITAP, or FDPIR identification number (s) for you or the participant. Do not complete **Part 4A, go to PART 4B.**
- (b) An adult household member/guardian must **sign** the F/RP Meal Application in **PART 5**.

**PART 4A - ALL OTHER HOUSEHOLDS: COMPLETE THIS PART, GO TO PART 4B AND SIGN THE APPLICATION IN PART 5.**

- (a) List the complete names of any household members who are a part of the same economic unit (income supports or with whom living expenses are shared), including the child enrolled at the Center. See definition of "Household" below.
- (b) Indicate previous month income before taxes for each household member and the source of income, such as earnings, welfare, pensions and other income (refer to examples below for types of income to report). If any amount for the previous month was more or less than usual, write that person's usual income.
- (c) If anyone is self-employed, list the amount of income the person earns from self-employment: for example, income from the operation of a child care center or a farm. **Please call the number at the top of this form, if help is required.**
- (d) An adult household member/guardian must sign the F/RP Meal Application and give his/her social security number in **PART 5**. *If there is not a social security number, write "none."*

**HOUSEHOLD** is a group of related or unrelated individuals (does not include residents of an institution or boarding house) who are living as one economic unit (i.e., sharing living expenses).

**PART 4B - DAYS/HOURS OF EXPECTED CARE AND MEALS REQUIRED DURING NORMAL CARE: COMPLETE THIS PART, GO TO PART 5.**

Circle the normal days of care expected for the participant enrolling in the Center; indicate hours and check meals (B= Breakfast, L=Lunch, and S=Snack). If further assistance is needed, please contact Center at number given above.

**PART 5 - SIGNATURE AND SOCIAL SECURITY NUMBER: ALL HOUSEHOLDS COMPLETE THIS PART.**

- (a) The application must have the **signature** of an adult household member/guardian.
- (b) The adult household member/guardian who signs the application must include his/her **social security number**. *If he/she does not have a social security number, write "none."*

**PART 6 - RACIAL/ETHNIC IDENTITY: Participant is not required** to answer this question to receive meal benefits, but completion of this information will help ensure that everyone is treated fairly.

**INCOME TO REPORT**

**Earnings from Work**

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

**Welfare/Child Support/Alimony**

Public assistance payments  
Welfare payments  
Alimony/child support payments

**Pensions/Retirement/Social Security**

Pensions  
Supplemental Security Income  
Retirement Income  
Veteran's payments  
Social Security

**Other Monthly Income/Self-employment**

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