

# MEAL BENEFIT FORM for Child Care

Discharge Date: \_\_\_\_\_

<b>PART 1. CHILDREN IN DAY CARE (USE A SEPARATE APPLICATION FOR EACH FOSTER CHILD)</b>		
Names of all children in day care (First, Middle Initial, Last)	Date of Birth	Food Stamp or FIP case # (if any)

If you listed a Food Stamp/FIP case number for EACH child, skip to Part 4.

**PART 2. FOSTER CHILD**  
 Is this a child who is the legal responsibility of a welfare agency or court? Yes \_\_\_ No \_\_\_  
 If "yes," list the amount of the child's personal use monthly income: \$ \_\_\_\_\_. Skip to Part 4.

**PART 3. TOTAL HOUSEHOLD INCOME FROM LAST MONTH –  
 YOU MUST TELL US HOW MUCH AND HOW OFTEN**

1. Name (List everyone in household)	2. Last month's gross income and how often it was received <i>Example: \$100/monthly \$100/twice a month \$100 every other week \$100/weekly</i>				3. Check if NO income
	Earnings from work before deductions	Welfare, alimony, child support	Pensions, retirement, social security	Other	
1.					<input type="checkbox"/>
2.					<input type="checkbox"/>
3.					<input type="checkbox"/>
4.					<input type="checkbox"/>
5.					<input type="checkbox"/>
6.					<input type="checkbox"/>
7.					<input type="checkbox"/>
8.					<input type="checkbox"/>
9.					<input type="checkbox"/>

**PART 4. SIGNATURE AND SOCIAL SECURITY NUMBER (ADULT MUST SIGN)**

An adult household member must sign the application. If Part 3 is completed, the adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this form.)

*I certify (promise) that all information on this application is true and that all income is reported. I understand that the childcare program will get Federal funds based on the information I give. I understand that officials may verify (check) the information. I understand that if I purposely give false information, I may be prosecuted.*

Sign here: X \_\_\_\_\_ Date: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_  I do not have a Social Security Number

**PART 5. CHILDREN'S RACIAL AND ETHNIC IDENTITIES (OPTIONAL)**

Mark one ethnic identity:  
 Hispanic or Latino  Not Hispanic or Latino  
Mark one or more racial identities:  
 Asian  Black or African American  American Indian or Alaskan Native  Native Hawaiian or Other Pacific Islander  White

**DON'T FILL OUT THIS PART. THIS IS FOR OFFICIAL USE ONLY.**

*Monthly Income Conversion: Weekly X 4.33, Every 2 Weeks X 2.15, Twice A Month X 2*  
 Monthly Income: \_\_\_\_\_ Household size: \_\_\_\_\_ FS/FIP: \_\_\_\_\_ Foster Child: \_\_\_\_\_  
 Eligibility: Free \_\_\_\_\_ Reduced \_\_\_\_\_ Denied \_\_\_\_\_ Reason: \_\_\_\_\_  
 Temporary: Free \_\_\_\_\_ Reduced \_\_\_\_\_ Time Period: \_\_\_\_\_ (expires after \_\_\_\_\_ days)  
 Determining Official's Signature: \_\_\_\_\_ Approval Date: \_\_\_\_\_

### **Instructions for Completing Meal Benefit Form**

Use a separate application for each foster child. List other children together on one form.

**In certain cases, foster children are eligible for free and reduced-price meals regardless of household income. If you wish to apply for meals for a FOSTER CHILD living with you, follow these instructions:**

- Part 1: List the child's name and date of birth.
- Part 2: List the child's personal use monthly income, if any.
- Part 3: Skip this part.
- Part 4: Sign the form. A Social Security Number is not necessary.
- Part 5: Answer this question if you choose to.

**If your household gets FOOD STAMPS OR FIP, follow these instructions:**

- Part 1: List each child's name, date of birth, and Food Stamp or FIP case number.
- Parts 2 & 3: Skip these parts.
- Part 4: Sign the form. A Social Security Number is not necessary.
- Part 5: Answer this question if you choose to.

**ALL OTHER HOUSEHOLDS, follow these instructions:**

- Part 1:** List each child's name and date of birth attending this day care center.
- Part 2:** Skip this part.
- Part 3:** Follow these instructions to report total household income from last month.
  - Column 1- Name:** List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children. Attach another sheet of paper if you need to.
  - Column 2- Last month's income and how often it was received:** List the types of income your household got last month and how often you got them. *Employment income:* List the **gross income** each person earned last month OR each person's normal monthly income. It is not the same as the take home pay. **Gross income is the amount earned before taxes and deductions.** It should be listed on your pay stub, or your boss can tell you. Next to the amount, write often you got it (weekly, every other week, twice a month, or monthly). *Other income:* List the total amount each person got last month from **all other sources**. Include welfare, child support, alimony, pensions, retirement, Social Security, Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and **ANY OTHER INCOME**. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it.
  - Column 3- Check if no income:** If the person does not have any income, check the box.
- Part 4:** An adult household member must sign the form and list his or her Social Security Number, or mark the box if he or she doesn't have one.
- Part 5:** Answer this question if you choose to.

**Privacy Statement Act:** This explains how we will use the information you give us. The 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 your children for free or reduced price meals (if the daycare program has a separate charge for meals) or the day care center may not receive maximum federal funds for providing a meal program (if the daycare program provides meals at no charge). The Social Security Number of the adult household member who signs the application is required unless you list the Food Stamp or FIP case number for all the children you are applying for, OR if you are applying for a foster child. You must check the "I do not have a Social Security Number" box if the adult household member signing the application does not have a Social Security Number. We WILL use your information to see if your children are eligible for free or reduced price meals, to run the program, and to enforce the rules of the program. 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 misuse of program rules.

**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 to USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call 202-720-5964 (voice and TDD). USDA is an equal opportunity provider and employer. In addition, the RI Department of Education does not discriminate on the basis of sexual orientation or religion. To file a complaint of discrimination with the RI Department of Education, write RI Department of Education, Director, Office of Equity and Access, 255 Westminster Street, Providence, RI 02903 or call 401-222-4600.

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