

MEAL BENEFIT FORM FOR CHILDREN YEAR _____

Name of Child Care Center: _____

Please read the instructions. If you need help completing this form call: _____

Complete, sign, and return the form to: _____

1. CHILD INFORMATION
 (List names of all children enrolled for care)

Check if a foster child (the legal responsibility of a welfare agency or court).

If all children listed below are foster children, go to #4 to sign this form.

| Last | First | M.I. | |
|------|-------|------|--------------------------|
| 1. | | | <input type="checkbox"/> |
| 2. | | | <input type="checkbox"/> |
| 3. | | | <input type="checkbox"/> |
| 4. | | | <input type="checkbox"/> |

2. BENEFITS: If you are getting CalFresh, CalWORKs, FDPIR, or Kin-Gap benefits for your child, list the case number, and DO NOT complete #3. Go to #4.

| |
|-----------------------|
| CalFresh Case Number: |
| CalWORKs Case Number: |
| FDPIR Case Number: |
| Kin-GAP: |

3. ALL OTHER HOUSEHOLD MEMBERS: Complete this section if you DID NOT complete #2. List all household members. List all income. Go To #4.

| NAMES | Gross Income and how often it was received (e.g., weekly, every 2 weeks, twice a month, monthly, or annually) | | | |
|---|---|--|--|---|
| NAMES OF HOUSEHOLD MEMBERS (INCLUDE THE CHILDREN LISTED ABOVE) | EARNINGS FROM WORK BEFORE DEDUCTIONS | CALWORKS, CHILD SUPPORT, ALIMONY | PAYMENTS FROM PENSIONS, RETIREMENT, SOCIAL SECURITY | EARNINGS FROM ANY OTHER INCOME |
| 1. | \$ | \$ | \$ | \$ |
| 2. | \$ | \$ | \$ | \$ |
| 3. | \$ | \$ | \$ | \$ |
| 4. | \$ | \$ | \$ | \$ |
| 5. | \$ | \$ | \$ | \$ |
| 6. | \$ | \$ | \$ | \$ |
| 7. | \$ | \$ | \$ | \$ |
| 8. | \$ | \$ | \$ | \$ |

4. LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (SSN) AND SIGNATURE:

PENALTIES FOR MISREPRESENTATION: I certify that all of the above information is true and correct and that the CalFresh, CalWORKs, FDPIR, Kin-GAP, 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 agency officials may verify the information on the Meal Benefit Form and that the deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

| | |
|--------------------------|---|
| Printed Name: | |
| Last Four Digits of SSN: | <input type="checkbox"/> Check here if no SSN |
| Signature of Adult: | Date: |

Privacy Act Statement: Unless you list the child's CalFresh, CalWORKs, FDPIR or Kin-GAP case number, Section 9 of the National School Lunch Act (NSLA) requires that you include the last four digits of the SSN for the household member signing the form, or indicate that the household member signing the form does not have a SSN. You do not have to list the last four digits of a SSN, but if they are not listed, or the "Check here if no SSN" is not marked, we cannot approve your child for free or reduced price meals. The last four digits of the SSN may be used to identify the household member in verifying the correctness of the information stated on the form. This may include program reviews, audits and investigations, and may include contacting employers to determine income, contacting a CalFresh, CalWORKs, FDPIR, or Kin-GAP office to determine current certification for CalFresh, CalWORKs, FDPIR, or Kin-GAP 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 last four digits of the SSN may also be disclosed to programs as authorized under the NSLA 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, and health and nutrition programs.

5. RACIAL/ETHNIC IDENTITY: You are not required to answer these questions. If you choose to do so, please mark one or more of the following **racial** identities:

- | | | |
|--|--------------------------------|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asia | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> White | |

Please mark one of the following **ethnic** identities: Hispanic or Latino Not Hispanic or Latino

In accordance with Federal law and U.S. Department of Agriculture (USDA) 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, S.W., Washington, DC 20250-9410 or call (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.

For Agency Use Only

CATEGORICAL ELIGIBILITY

CalFresh/CalWORKs/ FDPIR/ Kin-GAP household categorically eligible free: Yes No

Foster child automatically eligible free: Yes No

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

Total income: _____ Household size: _____

Eligibility classification: Free Reduced Price Base

Determining official (print name): _____

Signature: _____

Certification Date: _____

HOW TO COMPLETE THE MEAL BENEFIT FORM

Using the instructions below, please complete, sign, and return the Meal Benefit Form to:

If you need help, call:

1. CHILD INFORMATION:

- a) Print your child's name.
- b) Check box to right of name if a foster child.
- c) Include the name of the child care center.

2. BENEFITS: Complete this section and sign the form in #4.

- a) List your current CalFresh, CalWORKs, FDPIR or Kin-GAP case number(s) for your child(ren).
- b) Sign the form in #4. An adult household member must sign. You do not have to list a SSN.

3. ALL OTHER HOUSEHOLDS: Complete this section and sign the form in #4.

Write the names of everyone in your household even if they do not have an income. Include yourself, your spouse, the child you are applying for, and all other household members. **If your household includes any foster children formally placed by a state child welfare agency or a court, you may choose to include the child(ren) in this list.**

- a) Write the amount of income each person received last month before taxes or anything else was taken out **and** where it came from, such as earnings, CalWORKs, pensions, and other income (see examples below for types of income to report). **If you have chosen to include any foster children in your care, only the personal use income is to be listed. Foster payments you receive from the placing agency for the care of the child do not need to be reported.** Each income amount should be entered in the appropriate column on the form. If any amount **last month** was more or less than usual, write that person's usual monthly income.
- b) If anyone is self-employed, write the amount of income that person earns from self-employment. Please call the number listed at the top of the form if you need help.
- c) Sign the form and include the last four digits of your SSN in #4. *If you do not have a SSN, check the box "Check here if no SSN."*

4. LAST FOUR DIGITS OF SSN AND SIGNATURE:

- a) The form must have a **signature** of an adult household member.
- b) The adult household member who signs the statement must include the last four digits of his/her **SSN**. *If he/she does not have a SSN, check the box "Check here if no SSN"*. The last four digits of your SSN is not needed if you listed a CalFresh, CalWORKs, FDPIR, or Kin-GAP case number.

5. RACIAL/ETHNIC IDENTITY: You **are not required** to answer this question to get meal benefits, but completion of this information will help ensure that everyone is treated fairly.

| INCOME TO REPORT | | |
|--|---|--|
| <p>Earnings from Work: Wages/salaries/tips Strike benefits Unemployment compensation Worker's compensation Net income from self-employment</p> <p>CalWORKs/Child Support/Alimony Public assistance payments CalWORKs payments Alimony/child support payments</p> | <p>Pensions/Retirement/Social Security Pensions Supplemental security income Retirement income Veteran's payments Social Security</p> | <p>Other Monthly 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 Military allowance for off-base housing Any other income</p> |

DESCRIPTION OF RACIAL AND ETHNIC CATEGORIES

The federal government has established the following five racial categories and one ethnic category:

RACE:

American Indian or Alaska Native—A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Asian—A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, The Philippine Islands, Thailand, and Vietnam.

Black or African American—A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."

Native Hawaiian or Other Pacific Islander—A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White—A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

ETHNICITY:

Hispanic or Latino—A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin" can be used in addition to "Hispanic or Latino."

Not Hispanic or Latino