

MEAL BENEFIT FORM for Child Care

Discharge Date: _____

PART 1. CHILDREN IN DAY CARE			
Names of all children in care (First, Middle Initial, Last)	<input type="checkbox"/> if Foster Child	<input type="checkbox"/> if Homeless, Migrant or Runaway	If any member of your household receives Supplemental Nutrition Assistance Program (SNAP) or RIWorks, provide the name and full case number for the person who receives benefits. NAME: _____ CASE #: _____ - _____ - _____ If no one receives these benefits, skip to Part 2.

PART 2. TOTAL HOUSEHOLD GROSS INCOME

YOU MUST TELL US HOW MUCH AND HOW OFTEN

1. Name (List everyone in household, including foster children)	2. <u>Gross income</u> and how often it was received				3. Check if NO income
	Earnings from work before deductions	Welfare, Alimony, Child Support	Pensions, Retirement, social security	Other	
	<i>Examples: \$250/monthly \$400/twice a month \$125 every other week 190/weekly</i>				
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 3. SIGNATURE AND SOCIAL SECURITY NUMBER (ADULT MUST SIGN)

An adult household member must sign the application. If Part 2 is completed, the adult signing the form must also list the last four numbers of 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 CACFP officials may verify the information. I understand that if I purposely give false information, I may be prosecuted.

Sign here: _____ Date: _____

Social Security Number (last 4 numbers only): *** - ** - _____ I do not have a Social Security Number

PART 4. CHILDREN'S RACIAL AND ETHNIC IDENTITIES (OPTIONAL)

Choose one ethnicity:
 Hispanic or Latino Not Hispanic or Latino

Choose one or more (regardless of ethnicity):
 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.

Income Conversion: Weekly X 52, Every 2 Weeks (bi-weekly) 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: SNAP/RIWorks _____ Foster Child: _____ Homeless _____ Migrant _____ Runaway _____

Eligibility: Free _____ Reduced _____ Denied _____ Reason: _____

Determining Official's Signature: _____ Approval Date: _____

Instructions for Completing Meal Benefit Form

Foster children are eligible for free meals regardless of household income. If all the children you are applying for are foster children, follow these instructions:

Part 1: List all foster children enrolled in care. Check the box indicating the child is legally recognized as a foster child.

Part 2: Skip this part.

Part 3: Sign the form. The last four digits of a Social Security Number are not necessary.

Part 4: Answer this question if you choose to.

If some of the children in the household are foster children and others are not, follow the instructions for "ALL OTHER HOUSEHOLDS".

If your household gets SNAP OR RIWorks benefits, follow these instructions:

Part 1: List each child's name. Indicate the name and SNAP or RIWorks case number of a household member.

Part 2: Skip this part.

Part 3: Sign the form. A Social Security Number is not necessary.

Part 4: Answer this question if you choose to.

ALL OTHER HOUSEHOLDS, follow these instructions (include all foster children in addition to family members):

Part 1: List each child's name attending this day care center. Check off if child is a foster child, homeless, migrant or runaway. If any household member receives SNAP or RIWorks benefits, list name and full case number.

Part 2: 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, foster children, other relatives, or friends). You must include yourself. Attach another sheet of paper if you need to.

Column 2- Gross income and how often it was received: For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month or monthly. For earnings, be sure to list the **gross income**, not 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.

For other income, list the amount each person got for the month from 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. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

Column 3- Check if no income: If the person does not have any income, check the box.

Part 3: An adult household member must sign the form and list the last four numbers of his/her Social Security Number, or mark the box indicated if he or she doesn't have one.

Part 4: Answer this question if you choose to. We request this information solely for the purpose of determining compliance with Federal civil rights laws, and your response will not affect consideration of your application.

Privacy Statement Act: This explains how we will use the information you give us. The Richard E. 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 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 is not required when you apply on behalf of a foster child or you list a SNAP or RIWorks case number or if the person signing the form indicates that they do 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.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. The U.S Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form found online at http://www.ascr.usda.gov/complaint_filing_cust.html or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

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Need low or no cost health insurance for your children? Call RiteCare at 462-5300 (462-3363 TTY) or www.dhs.ri.gov