## CHILD CARE FOOD PROGRAM FREE AND REDUCED-PRICE MEAL APPLICATION - COMBO

Child's Name:	Center Name	e & Address:							
Primary Hours of Care: From: To	o: Days of the	Week in Care: M	WTHFSSM	Meals Typically S	erved While	in Care:	BR MS LU AS	SU ES None	
Please read the instructions and accompanying								000000000000000000000000000000000000000	
STEP 1: Complete the following table for a							child listed at Inn	of form)	
Child's Name (Last Name, First Nam	ne) Date of Birth	. Attends this cent	er? (circle) Fos	Foster Child? (circle) Migra		nt? (circle)   Homeless/Runaway? (circle)			
-56.00			o	Yes No	Yes		Yes	76 10 1 00 W = U A B = V 10 W	
		Yes N	0	Yes No	Yes	No	Yes	No -	
*		Yes N	lo	Yes No	Yes	No	Yes	No	
			0	Yes No	Yes		Yes	No	
STEP 2: Do any household members (child if NO, go to STEP 3. If YES, enter one of the	dren or adults) receive Fo	od Assistance Pro	ıram (FAP/SNAP)	or Temporary A	ssistance fo	or Needy F	amilies (TANF) I	enefits?	
STEP 3: Children's Income Information (se Children's Income – sometimes children ear Children's Income – Total: \$ STEP 4: Household Income and adult house Adult Household Members and Income – litaxes & deductions) from each source in w	How often receive income. Enter  How often receive informations all adult household memore whole dollars only (no cer	the lotal income received? (check only on (see reverse side) bers (age 19 and up often in the lots) and how often in the lots.	eived by all children  one): □ Weekly  for what types o  even if they do not t is received (i.e.,	Isted in STEP 1  Bi-Waekly fincome to report receive income.	then check Twice a Month (skip lhs For each a	how often onth D M step if you dult, list th	onthly  Annua	STEP 2)	
that does not receive income from any source	, write "none" or "0." If you	enter "none" or "0"	r leave any income	e fields blank, you	are certifyin	g that there	e is no income to	report,	
Adult Household Member's Name (Last Name, First Name)		Earnings from Work (\$ Amount / How often?)		Public Assistance/Child Support/Alimony (\$ Amount / How often?)			Pensions/Retirement/All Other Income (\$ Amount / How often?)		
	7	residy Biweekly Monthly wice a Month Annually	\$	/ Weekly Sweekly Monthly Twice a Month Annually		\$	/ Weekly Biweekly Monthly Twice a Month Annually		
		/ Weekly Shreekly Monthly Twice a Month Annually		/ Weekly Sweekly Monthly Twice a Month Assually			\$ / Weekly Blweekly Monthly Twice a Month Annually		
Total Household Members (Add STEP 1 & 4		of Social Security	Number (SSN) of	adult household	member:		If no SS	N, write *none	
STEP 5: Contact information and adult sig. By signing below, I am certifying (promising) that of federal funds and that institution officials may Home address (if available):	t all information on this appli verify (check) the informatio	cation is true and that n. I am aware that if I dress, Cily, State, Zip C	ourposely give false	ed. I understand the information, I may	be prosecute	ation is bein ed under ap phone #: (	plicable state and	ion with the red federal laws.	
Signature of adult household member:			rinted name:				Date signed:	6	
OPTIONAL: Child's ethnic and racial identities Wesponding to this section is optional and does not affer	e are required to ask for informa act your child's eligibility for free	tion about your child's et or reduced-price meals.	nicity and race. This is		nt and helps m	ake sure that	we are fully serving	the community.	
Race (check one or more): American Indian FOR CONTRACTOR USE ONLY: Categorical Eligibility: FAP/SNAP or TANF Ho				Native Hawallar	n or Other Pac				
Eligibility Determination:  Free Reduced- NOTE: If different income frequencies a	Price Non-needy	How Often Income	is Received (Frequ	ency):   Weekly	☐ Biweekly	☐ Twice a	Month Month	nly □ Annual onthly x 12	
Reason for Non-needy Status:   Income too Hig			4						
Determining Official's Signature: Revised 6/2019	*	Date: Page 1 of 2		y Check Signature				Date:	