

CHILD CARE FOOD PROGRAM FREE AND REDUCED-PRICE MEAL APPLICATION

(for Use by Sponsors of Unaffiliated Child Care Centers)

Child's Name: _____ Center Name & Address: Little Angels Daycare &Lrg. Ctr, 2927 Ranch House Rd West Palm Beach FL 33406

Primary Hours of Care: From: _____ To: _____ Days of the Week in Care: M T W T H F S S Meals Typically Served While in Care: BR MS LU AS SU ES

Please read the instructions and accompanying Parent Letter before completing this form. If you need assistance completing this form, call: (954) 724 - 7548

STEP 1: Complete the following table for all INFANTS and CHILDREN through age 18 that reside in the household, even if not related. (include child listed at top of form)

Child's Name (Last Name, First Name)	Date of Birth		Attends this center? (circle)		Foster Child? (circle)		Migrant? (circle)		Homeless/Runaway? (circle)	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No

STEP 2: Do any household members (children or adults) receive Food Assistance Program (FAP/SNAP) or Temporary Assistance for Needy Families (TANF) benefits? If NO, go to STEP 3. If YES, enter one of the following case numbers, then go to STEP 4.

FAP/SNAP Case Number: _____ or TANF Case Number: _____

STEP 3: Household income and adult household member information (see reverse side for what types of income to report) (skip this step if you listed a case # in STEP 2)

A. Children's Income - sometimes children earn or receive income. Enter the total income received by all children listed in STEP 1, then check how often the income is received.

Total children's income: \$ _____ How often received? (check only one): Weekly Bi-Weekly Twice a Month Monthly Annually

B. Adult Household Members and Income - list all adult household members (age 19 and up) even if they do not receive income. For each adult, list the total gross income (before taxes & deductions) from each source in whole dollars only (no cents) and how often it is received (i.e., weekly, bi-weekly, twice a month, monthly, or annually). For an adult that does not receive income from any source, write "none" or "0." if you enter "none" or "0." or leave any income fields blank, you are certifying that there 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?)
	\$ / /	\$ / /	\$ / /
	\$ / /	\$ / /	\$ / /
	\$ / /	\$ / /	\$ / /

Total Household Members (children and adults): _____ Last four digits of Social Security Number (SSN) of adult household member: _____ if no SSN, write "none."

STEP 4: Contact information and adult signature

By signing below, I am certifying (promising) that all information on this application is true and that all income is reported. I understand that this information is being given in connection with the receipt of federal funds and that institution officials may verify (check) the information. I am aware that if I purposely give false information, I may be prosecuted under applicable state and federal laws.

Home address (if available): _____ Daytime phone #: (_____) _____

Street Address, City, State, Zip Code

Signature of adult household member: _____ Printed name: _____ Date signed: _____

FOR CONTRACTOR USE ONLY:

Categorical Eligibility: FAP/SNAP or TANF Household Foster Child Total Household Size: _____ Total Household Income: \$ _____ Enrollment Date: _____

Eligibility Determination: Free Reduced-Price Non-needy Weekly Biweekly Twice a Month Monthly Annually

NOTE: If different income frequencies are listed, convert all income to an annual amount. Annual Income Conversion: Weekly x 52, Biweekly x 26, Twice a Month x 24, Monthly x 12

Reason for Non-needy Status: Income too High Incomplete Application Other Reason: _____

Determining Official's Signature: _____ Date: _____ Second Party Check Signature: _____ Date: _____