CHILD AND ADULT CARE FOOD PROGRAM: CHILD CARE COMPONENT
INCOME ELIGIBILITY APPLICATION FOR FREE AND REDUCED-PRICE MEALS Fiscal Year 2021-2022

INSTRUCTIONS: To apply for free and reduced-price meals, read the household Letter and instructions on backside of this form. Complete application and return to the center. In accordance with the NSLA, information on this application may be disclosed to other Child Nutrition Programs or applicable enforcement agencies. Parents/guardians are not required to consent to this disclosure. *Part 1* is to be completed by all households. *Part 2* is to be used only for a child living in a household receiving food assistance (SNAP) or Ohio Works First (OWF) benefits. *Part 3* is only for children NOT receiving Food Assistance or OWF benefits. *Part 4 an a*dult household member must sign and date form; the last 4 digits of social security number must be listed if Part 3 is completed. *Part 5* is optional. * Asterisks indicate info that must be completed. Form must be completed annually and valid for only 12 months.

CENTER NAME

PART 1 – PRINT INFORMATION FOR ALL CHILDREN ENROLLED AT CENTER			CHECK IF A FOSTER CHILD (The legal responsibility of a welfare agency or court)	PART 2 – LIST EACH CHILD'S FOOD ASSISTANCE (SNAP) OR OWF CASE NUMBER, IF ANY. A VALID CASE NUMBER CONTAINS 7 DIGITS.
* NAME OF ENROLLED CHILD(REN)	AGE	BIRTH DATE		Check type of benefit: ☐ FOOD ASSISTANCE (SNAP) or ☐ OHIO WORKS FIRST (OWF)
1.			☐	CASE NO. _ _ _ _ _ _ _
2.			☐	CASE NO. _ _ _ _ _ _ _
3.			☐	CASE NO. _ _ _ _ _ _ _
4.			☐	CASE NO. _ _ _ _ _ _ _

PART 3 – TOTAL HOUSEHOLD SIZE, TOTAL HOUSEHOLD GROSS INCOME AND HOW OFTEN IT WAS RECEIVED: List names of all household members. List all gross income: list how much and how often. If Part 2 is completed, skip to Part 4.

a. LIST NAMES OF ALL HOUSEHOLD MEMBERS INCLUDING CHILDREN LISTED ABOVE IN PART 1	b. CHECK IF NO/ZERO INCOME	c. GROSS INCOME during the last month (amount earned before taxes & other deductions) and HOW OFTEN IT WAS RECEIVED: Weekly, Every 2 Weeks, Twice Per Month, Monthly, Annually			
		1. Earnings from work before deductions	2. Welfare payments, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA	4. All Other Income
EXAMPLE: JANE SMITH	☐	$ amount / how often	$ amount / how often	$ amount / how often	$ amount / how often
1.	☐	$_____ /_____	$_____ /_____	$_____ /_____	$_____ /_____
2.	☐	$_____ /_____	$_____ /_____	$_____ /_____	$_____ /_____
3.	☐	$_____ /_____	$_____ /_____	$_____ /_____	$_____ /_____
4.	☐	$_____ /_____	$_____ /_____	$_____ /_____	$_____ /_____
5.	☐	$_____ /_____	$_____ /_____	$_____ /_____	$_____ /_____
6.	☐	$_____ /_____	$_____ /_____	$_____ /_____	$_____ /_____

PART 4 – SIGNATURE & LAST 4 DIGITS OF SOCIAL SECURITY NUMBER: Adult household member must sign/date form. If Part 3 is completed, the adult signing the form must also list last 4 digits of his/her Social Security Number or check the "I do not have a Social Security Number" box.

I certify that all information on this form is true and correct and that all income is reported. I understand that the center will get Federal Funds based on the information. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, I may be prosecuted.

* If Part 3 is completed, insert last 4 digits of Social Security Number ☐ ☐ ☐ ☐

☐ (Check if applicable) I do not have a Social Security Number

*_____
SIGNATURE OF ADULT HOUSEHOLD MEMBER

*_____
DATE

Print Name:	Daytime Phone Number:	Work Phone Number:
Street / Apt:	City / State / Zip:	County:

PART 5: RACIAL/ETHNIC IDENTITY (Optional): Please check appropriate boxes to identify the race and ethnicity of enrolled child(ren).

American Indian or Alaska Native	Asian	Black or African American
Native Hawaiian or Other Pacific Islander	White	Other

Please mark one ethnic identity: ☐ Hispanic or Latino   ☐ Not Hispanic or Latino

State Distribution: July 2021

THIS SECTION TO BE COMPLETED BY CENTER.   Note: All information above this section is to be filled in by the parent or guardian.

Complete information below only if qualifying child(ren) by household income from Part 3. Per the total household size, compare total household income to the USDA Income Eligibility Guidelines to determine correct categorization. When income is listed in different frequencies of pay in Part 3, you must convert all income to annual income before determination. Use the following Annual Income Conversion : Weekly x 52, Every 2 Weeks (biweekly) x 26, Twice per Month (semi-monthly) x 24, Monthly x 12	Application Certified/Categorized as: ☐ **FREE**, based on ☐ Food Assistance/OWF Case No. ☐ Household size and income ☐ Foster Child
	☐ **REDUCED**, based on Household size and income
Total Household Size: _____ Total Household Income: $_____ Per: ☐ week ☐ every two weeks ☐ twice per month ☐ month ☐ year	☐ **PAID**, based on ☐ Income too high ☐ Incomplete ☐ Invalid case number or information

_____
Signature of Sponsor / Center Representative

_____
Date Sponsor Certified/Categorized Form

_____
Effective Date (From the first of month of date signed)

_____
Expiration Date (Valid until last day of month in which form was signed one year earlier)

Note: Effective date is determined by parent or sponsor signature date as selected on CRRS application.
If date of parent signature is not within month of certification or immediately preceding month, effective date must be date of sponsor certification.