

**INSTRUCTIONS FOR COMPLETING SINGLE/MULTI-CHILD MEAL BENEFIT APPLICATION
FOR FREE AND REDUCED PRICE MEALS**

To apply for free or reduced price meals, complete one Meal Benefit Application for the child(ren) attending day care using the following instructions. Sign and return the Meal Benefit Application to the day care center or home sponsor. If you have any questions, please contact the day care center or home sponsor at the number provided.

PART 1 - STUDENT INFORMATION: ALL HOUSEHOLDS COMPLETE PART 1.

1. Print the name of the child(ren) for whom you are applying.
2. List the child's age and day care center/home name.

PART 2 - FOOD STAMPS AND TANF HOUSEHOLDS COMPLETE PART 2 AND PART 5.

1. List a current Food Stamp or TANF Cash Assistance Case Number for the child(ren). This is the nine digit number on your notification letter from the County Assistance Office. Only the case number is acceptable for free meal benefits. A Medical Assistance and/or EBT Access card number may not be used.
2. Skip Part 4. Do not list names of household members or income if you list a Food Stamp or TANF Cash Assistance Case Number for the household.
3. Sign the Meal Benefit Application in Part 5. An adult household member must sign.

PART 3 - HOUSEHOLDS WITH A FOSTER CHILD COMPLETE PART 3 AND PART 5.

Check if this is a foster child. A foster child is the legal responsibility of a welfare agency or court.

1. List the foster child's "personal use" income. Write "0" if the foster child does not receive "personal use" income. "Personal use income is (a) money given by the welfare office identified by category for the child's personal use, such as clothing, school fees and allowances; and (b) all other money the child receives, such as money from his/her family and money from the child's full-time or regular part-time job(s). Personal use income does not include the welfare funds paid to the foster parents for such things as shelter and care or medical and therapeutic services. Skip Part 4. Do not list any other children, household members or income.
2. A foster parent or other official representing the child must sign the Meal Benefit Application in Part 5.

PART 4 - ALL OTHER HOUSEHOLDS COMPLETE PART 4 AND 5.

1. Write the names of everyone in your household, whether they have income or not. Include yourself, the child(ren) you are applying for free or reduced meals, other children, your spouse, grandparents and other related or unrelated people in your household. Use another piece of paper if additional space is required.
2. Write the amount of income each household member received last month, before taxes or other deductions, and the income source, such as earnings, welfare, pensions and other income*. If any amount last month was more or less than usual, write that person's usual income.

*Income to Report

Earnings From Work
Wages/salaries/tips
Strike benefits
Unemployment compensation
Worker's compensation
Net income from self-owned
business or farm

Pensions/Retirement/Social Security
Pensions
Supplemental Security Income
Retirement Income
Veteran's Payments
Social Security

Welfare/Child Support/Alimony
Public Assistance payments
Welfare payments
Alimony/child support payments

Other 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
Any other income

PART 5 - SIGNATURE AND SOCIAL SECURITY NUMBER: ALL HOUSEHOLDS COMPLETE.

1. The Meal Benefit Application must have the signature of an adult household member.
2. The Meal Benefit Application must have the Social Security Number of the adult signing the application. If the adult does not have a Social Security Number write "none". If you listed a Food Stamp or TANF Case Number for the household or if the child is a foster child, a Social Security Number is not required.

PART 6 - RACIAL/ETHNIC IDENTITY: It is an option to complete the racial/ethnic identity information. This section does not have to be completed to receive meal benefits. The information requested is to ensure all children are treated fairly.