

Meal Benefit Form for Children
Program Year _____

Name of Child Care Center: _____

Please read the instructions. If you need help completing this form, please call: _____

Complete, sign, and return this form to: _____

1. Child Information

List names of all children enrolled for care.

Last Name	First Name	Middle Initial	Foster Child?

If all children listed are foster children, skip to Section 4.

2. Benefits

If you are receiving CalFresh, California Work Opportunity and Responsibility to Kids (CalWORKs), or Food Distribution Program on Indian Reservations (FDPIR) benefits for your child, list the case number and **do not complete Section 3**. Skip to Section 4.

CalFresh Case Number: _____

CalWORKs Case Number: _____

FDPIR Case Number: _____

3. All Other Households

Complete this section if you did not complete Section 2. List all household members including children enrolled for care. List total household gross income and how often it is received (e.g., weekly, every two weeks, twice a month, monthly, or annually).

Check here if this household receives no income. Skip to Section 4.

Applicants without income are requested to write a zero in the applicable field or mark no income. Any income field left blank is a positive indication of no income and certifies that there is no income to report. Applications with blank income fields will be processed as complete.

Names of all household members, including child(ren) listed above	Earnings from work before deductions	Child support, alimony	Payments from pensions, retirement, Social Security	Earnings from any other income
<i>Example: Janet Smith</i>	\$200/weekly	\$150/twice a month	\$100/monthly	\$0

4. Last Four Digits of Social Security Number (SSN) and Signature

Penalties for misrepresentation: I certify that all of the above information is true and correct and that the CalFresh, CalWORKs, FDPIR, or other eligible program case number is current, correct, or that all income is reported. I understand that this information is being given for the receipt of federal funds; that agency officials may verify the information on the meal benefit form (MBF) and that the deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

Printed Name: _____

Last Four Digits of SSN: _____ Check Here if No SSN:

Signature of Parent or Guardian: _____ Date: _____

Privacy Act Statement

The Richard B. Russel National School Lunch Act (NSLA) requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced-price meals. You must include the last four digits of the SSN of the adult household member who signs the application. The last four digits of the SSN are not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP, or CalFresh), Temporary Assistance for Needy Families (TANF, or CalWORKs), Program or FDPIR case number for the participant or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have an SSN. We will use your information to determine if the participant is eligible for free or reduced-price meals, and for the administration and enforcement of the program.

The last four digits of the SSN may be used to identify the household member in verifying the correctness of the information stated on the form. This may include program reviews, audits and investigations, and may include contacting employers to determine income, contacting a CalFresh, CalWORKs, or FDPIR office to determine current certification for CalFresh, CalWORKs, or FDPIR benefits, contacting the state employment security office to determine the amount of benefits received, and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported. The last four digits of the SSN may also be disclosed to programs as authorized under the NSLA and the Child Nutrition Act, the Comptroller General of the United States, and law enforcement officials for the purpose of investigating violations of certain federal, state, and local education, and health and nutrition programs.

5. Racial/Ethnic Identity

You are not required to answer these questions. If you choose to do so, please mark one or more of the following racial identities:

- | | |
|--|--|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> White | |

If you choose to do so, please mark one of the following ethnic identities:

- | | |
|---|---|
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Not Hispanic or Latino |
|---|---|

For Agency Use Only

Categorical Eligibility:

CalFresh/CalWORKS/FDPIR household categorically eligible? Yes No

Foster child automatically eligible free? Yes No

Income Eligibility:

Annual Conversion (required if household reports various pay frequencies in Section 3):
Weekly times (x) 52, every 2 weeks x 26, twice a month x 24, monthly x 12

Total Household Income and Frequency: _____ per _____

Household Size: _____

Eligibility Classification:

Eligibility Classification: Free Reduced-price Base

Determining Official Name: _____

Determining Official Signature: _____ Date: _____