

MEAL BENEFIT FORM FOR YEAR 2011-2012

Complete, sign, and return the form to: **Solano Family & Children's Services, Child Care Food Program**
421 Executive Court North, Fairfield CA 94534-4019

1. **NAME OF DAY CARE HOME PROVIDER:** (Provider's Name, not business name) Check here if your children are not enrolled for care in this provider's home.

2. **INFORMATION ON YOUR CHILD(REN):** List all of *your* children who are enrolled for care in this provider's home.

<input type="checkbox"/> CHILD'S NAME: Check box if Foster Child	Last	First	M.I.	Birth Date (mm/dd/yyyy)
<input type="checkbox"/> CHILD'S NAME: Check box if Foster Child	Last	First	M.I.	Birth Date (mm/dd/yyyy)
<input type="checkbox"/> CHILD'S NAME: Check box if Foster Child	Last	First	M.I.	Birth Date (mm/dd/yyyy)
<input type="checkbox"/> CHILD'S NAME: Check box if Foster Child	Last	First	M.I.	Birth Date (mm/dd/yyyy)

3. **OTHER BENEFITS:** If you are getting CalFresh, CalWORKs, Kin-GAP, or FDPIR benefits for your child, list the case number. If your child is enrolled in Head Start or Even Start or receiving meal benefits under the National School Lunch Program, check the appropriate box. **DO NOT complete Section #4. Go to Section #5.**

CalFresh Case Number: _____ CalWORKs Case Number _____
FDPIR Case Number: _____ Kin-GAP Case Number _____

- Check here if your child is enrolled in the federal Head Start or Even Start program.
 Check here if your child is approved for free or reduced-price meals in the National School Lunch Program.

4. **ALL OTHER HOUSEHOLDS:** (Complete this section **only** if you did not complete Sections #3.) List all household members including all of your children, even those listed above. List all income. Go to Section #5.

NAMES	CURRENT MONTHLY INCOME			
	MONTHLY EARNINGS FROM WORK (BEFORE DEDUCTIONS) JOB 1	MONTHLY WELFARE, CHILD SUPPORT, ALIMONY	MONTHLY PAYMENTS FROM PENSIONS, RETIREMENT, SOCIAL SECURITY	MONTHLY EARNINGS FROM JOB 2 OR ANY OTHER MONTHLY INCOME
1.	\$	\$	\$	\$
2.	\$	\$	\$	\$
3.	\$	\$	\$	\$
4.	\$	\$	\$	\$
5.	\$	\$	\$	\$
6.	\$	\$	\$	\$
7.	\$	\$	\$	\$
8.	\$	\$	\$	\$
9.	\$	\$	\$	\$

5. **SIGNATURE AND SOCIAL SECURITY NUMBER:**

PENALTIES FOR MISREPRESENTATION: I certify that all of the above information is true and correct and that the CalFresh, CalWORKs, Kin-GAP, 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 and that the deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

Signature of Adult: _____ Date: _____

Printed Name: _____

Last 4 digits of Social Security Number: _____ Check here if no Social Security Number

Home Phone: _____ Work Phone: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Privacy Act Statement: Unless you list the child's CalFresh, CalWORKs, Kin-GAP, or FDPIR case number, or are applying for a foster child, Section 9 of the National School Lunch Act requires that you include the last four digits of the social security number of the household member signing the form, or indicate that the household member signing the form does not have a social security number. You do not have to list the last four digits of a social security number, but if they are not listed, or the "Check here if no Social Security Number" is not marked, we cannot approve the form. The last four digits of the social security number 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, Kin-GAP, or FDPIR office to determine current certification for CalFresh, CalWORKs, Kin-GAP, 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 social security number may also be disclosed to programs as authorized under the National School Lunch Act 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.

6. **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:

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

Please mark one of the following **ethnic** identities: Hispanic or Latino Not Hispanic or Latino

In accordance with Federal law and U.S. Department of Agriculture policy, this agency is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington DC 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

FOR OFFICIAL USE ONLY:

- CalFresh/CalWORKs/Kin-GAP/FDPIR household categorically eligible free: Yes No
- Head Start, Even Start, or NSLP categorically eligible free: Yes No
- Foster child categorically eligible free: Yes No

MONTHLY INCOME CONVERSION: WEEKLY X 4.33, EVERY 2 WEEKS X 2.15, TWICE A MONTH X 2

Total monthly income: _____ Household size: _____

Eligibility Classification: Tier I Tier II

Determining official (print name): _____

Signature: _____ Date: _____

Effective Date of Determination: _____

For CDE Only

HOW TO COMPLETE THE MEAL BENEFIT FORM

Please complete the Meal Benefit Form using the instructions below.

Sign the form and return it to: **Solano Family & Children's Services, Child Care Food Program**

421 Executive Court North, Fairfield CA 94534-4019

If you need help, please call: 707-864-4630 or (888) 861-1594, extension 130

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1.
 - a) Write the first and last name of the day care provider.
 - b) Check the box if none of your children are enrolled for care in this provider's home. Sign the form in #5 and return it to our agency. You do not have to list the last four digits of a Social Security Number.
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2. **INFORMATION ON YOUR OWN CHILD:**
 - a) Print the names and birthdates of all of your children who are enrolled for care in this provider's home.
 - b) Check the box to the left of name if a foster child.
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3. **OTHER BENEFITS:** Complete this Section and sign the form in #5.
 - a) List your current CalFresh, CalWORKs, Kin-GAP, or FDPIR case number(s) for your children.
 - b) Check the appropriate box if your children are enrolled in the federal Head Start or Even Start program or approved for meal benefits under the National School Lunch Program.
 - c) Sign the form in #5. An adult household member must sign. You do not have to list a Social Security Number.
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4. **ALL OTHER HOUSEHOLDS:** Complete this Section and sign the form in #5.
 - a) Write the names of everyone in your household even if they do not have an income. Include yourself, your spouse, the child you are applying for, all other children, and all other household members. **If your household includes any foster children formally placed by a state child welfare agency or a court, you may choose to include the child(ren) in this list.**
 - b) Write the amount of income each person received last month before taxes or anything else was taken out **and** where it came from, such as earnings, welfare, pensions, and other income (see examples below for types of income to report). **If you have included any foster children, you may list their personal use income. Foster payments you receive from the placing agency for the care of the child do not need to be reported.** Each income amount should be entered in the appropriate column on the form. If any amount **last month** was more or less than usual, write that person's usual monthly income.
 - c) If anyone is self-employed, write the net amount of income that person earns from self-employment. Please call the number listed at the top of the form if you need help.
 - d) Sign the form and include the last four digits of your Social Security Number in #5. *If you do not have a Social Security Number, check the box "Check here if no Social Security Number."*
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5. **SIGNATURE AND SOCIAL SECURITY NUMBER:**
 - a) The form must have a **signature** of an adult household member.
 - b) The adult household member who signs the statement must include the last four digits of his/her **Social Security Number**. *If he/she does not have a Social Security number, check the box "Check here if you have no Social Security Number". The last four digits of a Social Security Number are not needed if you listed a CalFresh, CalWORKs, Kin-GAP, or FDPIR case number.*
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6. **RACIAL/ETHNIC IDENTITY:** You **are not required** to answer this question to qualify for/receive meal benefits, but completing of this information will help ensure that everyone is treated fairly.
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INCOME TO REPORT

Earnings from Work

Wages/salaries/tips
Strike benefits
Unemployment compensation
Worker's compensation
Net income from self-owned

Welfare/Child Support/Alimony

Public assistance payments
Welfare payments
Alimony/child support payments

Pensions/Retirement/Social Security

Pensions
Supplemental security income
Retirement income
Veteran's payments
Social Security

Other Monthly Income/Self-Employment

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
Military allowance for off-base housing
Foster child(ren)'s personal income from child's family for personal use or income earned by the child)
Any other income

DESCRIPTION OF RACIAL AND ETHNIC CATEGORIES

The federal government has established the following five racial categories and one ethnic category:

RACIAL:

American Indian or Alaska Native – A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, The Philippine Islands, Thailand, and Vietnam.

Black or African American – A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."

Native Hawaiian or Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

ETHNIC:

Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin" can be used in addition to "Hispanic or Latino."