

DAY CARE HOME PROVIDER MEAL BENEFIT FORM FOR YEAR 2009-2010

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

Please read the instructions. If you need help completing this form, contact: 707-864-4630

1. DAY CARE HOME PROVIDER'S NAME: _____

ARE YOU APPLYING FOR ELIGIBILITY AS A TIER 1 HOME? YES NO

ARE YOU APPLYING FOR TIER 1 MEAL BENEFITS FOR YOUR OWN CHILDREN? YES NO

2. INFORMATION ON YOUR OWN CHILD(REN):

CHILD'S NAME:

Last	First	M.I.	Birth Date (mm/dd/yyyy)
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CHILD'S NAME:

Last	First	M.I.	Birth Date (mm/dd/yyyy)
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CHILD'S NAME:

Last	First	M.I.	Birth Date (mm/dd/yyyy)
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CHILD'S NAME:

Last	First	M.I.	Birth Date (mm/dd/yyyy)
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3. INFORMATION ON YOUR FOSTER CHILD: CHILD'S NAME: _____ **Birth Date:** _____

If this is a foster child, check here and write the child's monthly personal use income here: \$ _____

DO NOT complete Sections #4 or #5. Go to Section #6.

4. OTHER BENEFITS: If you are getting Food Stamp, CalWORKs, Kin-GAP, or FDPIR benefits for your child, list the case number. **DO NOT complete Section #5. Go to Section #6.**

Food Stamp 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.

5. ALL OTHER HOUSEHOLDS: (Complete this section only if you did not complete Sections #3 or #4.) List all household members including all of your children, even those listed above. List all income. Go to Section #6.

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.	\$	\$	\$	\$

6. SIGNATURE AND SOCIAL SECURITY NUMBER:

PENALTIES FOR MISREPRESENTATION: *I certify that all of the above information is true and correct and that the Food Stamp, 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 Provider: _____ Date: _____

Printed Name: _____

Social Security Number: _____ Check here if no Social Security Number

Home Phone: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Privacy Act Statement: Unless you list the child's Food Stamp, 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 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 a social security number, but if a social security number is not listed, or the "Check here if no Social Security Number" is not marked, we cannot approve the form. 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 Food Stamp, CalWORKs, Kin-GAP, or FDPIR office to determine current certification for these programs, 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 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.

7. RACIAL/ETHNIC IDENTITY: You are not required to answer these questions to receive meal benefits. 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) 795-3372 or (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

For Official Use Only:

Food Stamp/CalWORKs/Kin-GAP/FDPIR household categorically eligible free:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	r For CDE Only
Head Start, Even Start, or NSLP categorically eligible free:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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

Total monthly income: _____ Household size: _____

Tier Determination: TIER 1 TIER 2 Provider's Own Is: ELIGIBLE
NOT ELIGIBLE

Determining official (print name): _____

Signature: _____ Date: _____

The following required documentation is attached (specify):

Effective Date of Determination

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

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1. **Print your name (as the day care home provider) and check the box(es) that apply.**

 2. **INFORMATION ON YOUR OWN CHILDREN:**
 - a) Print the name and birth date of your own child(ren). This does not pertain to children in care that are not part of your household. Complete a separate form for each foster child.

 3. **INFORMATION ON YOUR FOSTER CHILD:** Complete this Section and sign the form in #6.
 - a) Print your foster child's name and check the box.
 - b) Write your foster child's monthly "personal use" income. Write "0" if the foster child does not get personal use income.
 - c) A foster parent or other official representing the child must sign the form in #6. You do not have to list a Social Security Number.
 - d) Complete a separate form for each foster child in your household. This does not pertain to children in care that are not part of your household.

 4. **OTHER BENEFITS:** Complete this Section and sign the form in #6.
 - a) List your current Food Stamp, 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. (You will be required to provide documentation of their enrollment.)*
 - c) Go to #6. An adult household member must sign the form.

 5. **ALL OTHER HOUSEHOLDS:** Complete this Section and sign the form in #6.
 - a) Write the names of everyone in your household, even if they do not have an income. Include yourself, your spouse, all of your children including the child you are applying for, and all other household members.
 - 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). Each income amount should be entered in the appropriate column on the form. If a household member has two jobs, list the income from the first job in column 2 and the income from the second job in column 5. 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 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 your Social Security Number in #6. If you do not have a Social Security Number, check the box "*Check here if no Social Security Number.*"

 6. **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 his/her **Social Security Number**. If he/she does not have a Social Security number, check the box "*Check here if no Social Security Number.*" A Social Security Number is not needed if you listed a Food Stamp, CalWORKs, Kin-GAP, or FDPIR case number, or if you are applying for a foster child.

 7. **RACIAL/ETHNIC IDENTITY:** You **are not required** to answer this question to qualify for/receive meal benefits, but completing 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
Any other income

REQUIRED DOCUMENTATION:

Section #4: Categorical and Expanded Categorical Eligibility – at least one of the following must be included:

- Current "Notice of Eligibility" letter for Food Stamp or FDPIR benefits for provider's household.
- Current certification to participate in the federal CalWORKs (TANF) or (federal) Head Start/Even Start for each child.
- Award letter from the appropriate agency that the provider's household is eligible to receive food stamps, CalWORKs (TANF), FDPIR, or Kin-Gap.

NOTE: Any document used to verify categorical eligibility must specify the certification period.

Section #5: Provider Income Eligibility – at least one of the following for each household member that has income must be provided:

- Pay or wage stubs from the employer or a letter from employer confirming wages.
- Documentation of all other income: e.g., monthly welfare benefits, unemployment compensation, child support payments that are received, etc.

NOTE: This written evidence must include name of the household member, amount and frequency of income received, and date of last income received.

- Most recent federal income tax (IRS) forms for each household member.
- If wage or tax documentation is not available: Provide employer's name, contact person and telephone.
- If a household member is certified as a migrant worker, the provider must provide the sponsor with the migrant agency contact information.

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."