Child Care Centers NS-100-C Revised 4/2009

Application for Free and Reduced Price Meals in the Child and Adult Care Food Program

Part 1. Enrolled children's information Attach an additional page if necessary.			**Part 2. Benefit Information** If applicable, circle type of benefit. Case number required	
Child's Last Name, First Name	Date of Birth M/D/Y	Date Enrolled M/D/Y	Food Stamp, TANF or FDPIR (if any)	
			Case Number:	
			Case Number:	
			Case Number:	

For more children in the household, please complete and attach NS-100-C.a.

Part 3. Foster/Institutionalized Child - Complete a separate application for each foster child.

☐ Check this box if this application is for a foster child or a child who is residing in an institution. List the amount of the child's personal use monthly income: $_____. If there is no income, record "0". Go to Part 5.

Part 4. Total Household Income from Last Month – Complete Part 4 for any child without a case number

Names of all household members not listed in Part 1	**HOUSEHOLD INCOME List last month's income below. Do not list hourly wage.**				**Check if NO income**
Last Name, First Name	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	Other	
	$	$	$	$	☐
	$	$	$	$	☐
	$	$	$	$	☐
	$	$	$	$	☐

For more members in the household, please complete and attach NS-100-C.a.

Part 5. Signature and Social Security Number The adult household member who fills out the application must sign below.

If Part 4 is completed, the adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page). If you have given a case number in Part 2 or if this application is for a foster child, a social security number is not needed.

I certify that all information on this application is true and that all income is reported. I understand that the center will get Federal funds based on the information I give. I understand that state officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

Sign here: _____

Print Name _____

Social Security Number: _____

☐ I do not have a Social Security Number

Street Address _____

City/State/Zip _____

Date Signed _____

Telephone _____

Part 6: (Optional) Racial/Ethnic Identity of children listed in Part 1

Mark one ethnic identity:

☐ Hispanic or Latino

☐ Not Hispanic or Latino

Mark one or more racial identities:

☐ American Indian or Alaska Native

☐ Asian

☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander

☐ White

---------- **FOR CENTER USE ONLY** ----------

Zero Income

Temporary Free Approval Until:

_____

Must be reviewed in 45 days

Totals from Part 4, if applicable:

Total Household Size _____

Total Monthly Income $_____

☐ Free ☐ Food Stamps/TANF/FDPIR
☐ Foster Child
☐ Household Size & Income

☐ Reduced

☐ Paid Reason for Denial:
☐ Income Too High
☐ Incomplete

_____ Signature of Center Official

_____ Today's Date

_____ Effective Date
(no earlier than first of current month; expires 1 year from effective date)