

## DAY CARE HOME PROVIDER MEAL BENEFIT FORM FOR YEAR 2011-12

Complete, sign, and return the form to: **Choices for Children  
 Child Care Food Program**

3161 Cameron Park Dr. Suite 101  
 Cameron Park, CA 95682

Please read the instructions. If you need help completing this form, call: 530-676-0707 x106

<b>1. NAME OF DAY CARE HOME PROVIDER:</b>	<input type="checkbox"/> Check here if your children are not enrolled for care in this provider's home.
<b>ARE YOU APPLYING FOR ELIGIBILITY AS A TIER 1 HOME?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>ARE YOU APPLYING FOR TIER 1 MEAL BENEFITS FOR YOUR OWN CHILDREN?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO

<b>2. CHILD INFORMATION</b> (List names of all children enrolled for care)	Check if a foster child (the legal responsibility of a welfare agency or court) *If all children listed below are foster children, skip to Section #5 to sign this form*
Last                      First                      M.I.	<input type="checkbox"/>
Last                      First                      M.I.	<input type="checkbox"/>
Last                      First                      M.I.	<input type="checkbox"/>
Last                      First                      M.I.	<input type="checkbox"/>
Last                      First                      M.I.	<input type="checkbox"/>

<b>3. BENEFITS:</b> If you are getting CalFresh, CalWORKs, Kin-GAP, or FDPIR benefits for your child, list the case number. DO NOT complete Section #4. Go to Section #5.	
CalFresh Case Number:	
FDPIR Case Number:	
CalWORKs Case Number:	
Kin-GAP:	

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 if you did not complete Section #3). List all household members. 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.	\$	\$	\$	\$
10.	\$	\$	\$	\$

**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:				
Last 4 digits of Social Security Number:		<input type="checkbox"/> Check here if no Social Security Number		
Printed Name:				
Home Phone:		Work Phone:		
Home Address:				
City:		State:		Zip Code:
Date:				

**Privacy Act Statement:** Unless you list the child's CalFresh, CalWORKs, Kin-GAP, or FDPIR case number, Section 9 of the National School Lunch Act requires that you include the last four digits of the social security number for 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 202-720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

<b>For Official Use Only:</b>		<b>For CDE Only</b>
<b>CATEGORICAL ELIGIBILITY</b>		
CalFresh/CalWORKs/Kin-GAP/FDPIR household categorically eligible free: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Foster child categorically eligible free: <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>INCOME ELIGIBILITY</b>		
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:    Free <input type="checkbox"/>	Reduced Price <input type="checkbox"/>	Base <input type="checkbox"/>
Determining official (print name): _____		
Signature: _____	Date: _____	

**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."

### HOW TO COMPLETE THE MEAL BENEFIT FORM

Please complete the *Meal Benefit Form* using the instructions below.  
Sign the form and return it to:

If you need help, please call:

<p><b>1. NAME OF DAY CARE HOME PROVIDER:</b></p> <p>a) Print your name (as the day care home provider). b) Check the boxes that apply.</p>		
<p><b>2. CHILD INFORMATION:</b></p> <p>a) Print your child's name. b) Check box to right of name if a foster child. c) Include the name of the child care center.</p>		
<p><b>3. BENEFITS:</b> Complete this section and sign the form in Section #5</p> <p>a) List your current CalFresh, CalWORKs, Kin-GAP, or FDPIR case number(s) for your child(ren). b) Sign the form in Section #5. An adult household member must sign. You do not have to list a Social Security Number.</p>		
<p><b>4. ALL OTHER HOUSEHOLDS:</b> Complete this section and sign the form in Section #5.</p> <p>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, and all other household members. <b>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></p> <p>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). <b>If you have chosen to include any foster children in your care, 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.</b> 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.</p> <p>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.</p> <p>d) Sign the form and include the last four digits of your Social Security Number in Section #5. <i>If you do not have a Social Security Number, check the box "Check here if no Social Security Number."</i></p>		
<p><b>5. SIGNATURE AND SOCIAL SECURITY NUMBER:</b></p> <p>a) The form must have a <b>signature</b> of an adult household member. b) The adult household member who signs the statement must include the last four digits of his/her <b>Social Security Number</b>. <i>If he/she does not have a Social Security number, check the box "Check here if no Social Security Number".</i> A Social Security Number is not needed if you listed a CalFresh, CalWORKs, Kin-GAP, or FDPIR case number.</p>		
<p><b>6. RACIAL/ETHNIC IDENTITY:</b> You are <b>not required</b> to answer this question to get meal benefits, but completion of this information will help ensure that everyone is treated fairly.</p>		
<p><b>Earnings from Work:</b> Wages/salaries/tips Strike benefits Unemployment compensation Worker's compensation Net income from self-owned</p> <p><b>Welfare/Child Support/Alimony</b> Public assistance payments Welfare payments Alimony/child support payments</p>	<p style="text-align: center;"><b>INCOME TO REPORT</b></p> <p><b>Pensions/Retirement/Social Security</b> Pensions Supplemental security income Retirement income Veteran's payments Social Security</p>	<p><b>Other Monthly Income/Self-Employment</b> 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 income rental Military allowance for off-base housing Foster child(ren)'s personal use income (may include income from child's family for personal use or income earned by the child) Any other income</p>