



CHILD ENROLLMENT/INCOME APPLICATION  
OUR DAILY BREAD CACFP Telford YMCA

1. Participant Information: (To be completed by Parent/Guardian)

This household receives SNAP/KTAP Benefits (If yes, input the number here):  1  1  1  1  1

If a child is a SNAP/K-TAP recipient or a Foster/Head Start participant, the child is automatically eligible to receive free program meal benefits, subject to the requirements of 7 CFR 226.23. If your participant receives assistance from the item below, they are automatically eligible for free meals. (Please completed and ship to section 2. If child receives Head Start services, please proceed to complete Section 2. Household Income is not required.

Does the participant have a special diet, please circle?		Yes	No	If so what is the special diet?			
Participant's Name (Last, First)	Date of Birth	OPTIONAL Race		Normal Times in Care	Meals Normally Eaten (Circle all that apply)	Head Start	Foster
		List the race/races that apply for each participant Examples include Black or African American; White; Native Hawaiian or Pacific Islander; American Infant or Alaskan Native, Asian; Unknown or Undeclared.	OPTIONAL Race				
		H	NH				
		H	NH				
		H	NH				
		H	NH				
		H	NH				

\*Parent/Guardian works multiple shifts and participants may be in care different days/hours  YES  NO

2. Income Application Household Members and Monthly Income:

Names of Household Members Including Children Not Listed Above Last, First	GROSS MONTHLY Income From Work (Before Deductions)	MONTHLY Income from Welfare Payments, Child Support, Alimony	MONTHLY Income From Pensions, Retirement, Social Security, Unemployment Compensation	Any other MONTHLY Income Including Money Received from Kinship/Foster Child
1	\$	\$	\$	\$
2	\$	\$	\$	\$
3	\$	\$	\$	\$
4	\$	\$	\$	\$
5	\$	\$	\$	\$
<b>Total Household Size:</b>				
<b>Total Household Monthly Income:</b>				

3. Signature and Social Security Number  
I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of federal funds and that deliberate misrepresentation may subject me to prosecution under applicable state and federal laws.

Printed Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Street: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Social Security Number: \*\*\*\*-\*\*-\_\_\_\_ Date: \_\_\_\_\_

FOR SPONSOR USE ONLY, DO NOT WRITE BELOW THIS LINE  
 FREE MEALS  REDUCED MEALS  PAID MEALS  
 SNAP / KTAP  FOSTER  HOUSEHOLD INCOME

Signature of Determining Official: \_\_\_\_\_ Date: \_\_\_\_\_  
 \*7 CFR 226.15 (c) (2)\*

"The Richard B. Nussell National School Lunch Act 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-priced meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The last four digits of the Social Security Number are not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reserve (FDP/IR) case number for the participant or other (FDP/IR) identifier or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced-priced meals, and for administration and enforcement of the Program."

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 federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0308-0002-508-11-28-17Fac2Mail.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410, or fax: (833) 256-1665 or (202) 690-7442, or email: program.intake@usda.gov This institution is an equal opportunity provider.