



**CHILD ENROLLMENT/INCOME APPLICATION
OUR DAILY BREAD CACFP**

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

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

1	1								
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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 skip 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 Ethnicity Circle One for each participant H= Hispanic NH= Non Hispanic	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.				
		H NH			B AM L PM D LN		
		H NH			B AM L PM D LN		
		H NH			B AM L PM D LN		
		H NH			B AM L PM D LN		
		H NH			B AM L PM D LN		

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 <i>Last, First</i>	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	\$	\$	\$	\$
6	\$	\$	\$	\$

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

Application Approved For: FREE MEALS REDUCED MEALS PAID MEALS HOUSEHOLD SIZE _____
 SNAP / KTAP FOSTER HOUSEHOLD INCOME TOTAL HOUSEHOLD MONTHLY INCOME _____

Signature of Determining Official: _____ **Date:** _____

7 CFR 226.15 (e) (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 of Food Distribution Program on Indian Reserve (FDPPIR) case number for the participant or other (FDPPIR) 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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