CHILD ENROLLMENT FORM/INCOME APPLICATION

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

This household receives SNAP/KTAP Benefits (If yes, input the number here:) | 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 items below, they are automatically eligible for free meals. (Please complete and skip to section 2. If child receives Head Start services, please proceed to complete Section 2. Household Income is not required.

Participant's Last Name	Participant's First Name *If under 12 months, please complete Infant Addendum	Date of Birth	OPTIONAL Ethnicity (Circle One for each participant) H=Hispanic NH=Non Hispanic	OPTIONAL Race (List the race/races that apply for each participant) Examples include: Black or African American; White; Native Hawaiian or other Pacific Islander; American Indian or Alaskan Native, Asian; Unknown or Undeclared.	Meals Normally Eaten (Circle all that apply) B=Breakfast AM=AM Snack L=Lunch PM=PM Snack S=Supper LN=Late Snack	Head Start	Foster
			H NH		B AM L PM S LN	☐	☐
			H NH		B AM L PM S LN	☐	☐
			H NH		B AM L PM S LN	☐	☐
			H NH		B AM L PM S LN	☐	☐

*Parent/Guardian works multiple shifts and participants may be in care different days/hours ☐ Yes ☐ No

1. **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.	$	$	$	$

2. **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.

X_____ _____

Signature of Adult Household Member **Home/Cell Phone Number**

X_____ ☐ No Social Security Number X_____

Last four digits Social Security Number* **Date**

FOR SPONSOR USE ONLY. DO NOT WRITE BELOW THIS LINE.

Application approved for:

☐ Free Meals ☐ SNAP/KTAP

☐ Reduced Meals ☐ Foster

☐ Paid Meals ☐ Headstart

☐ Income Household

Total Household Monthly Income_____

Household Size_____

_____

Signature of Determining Official

_____

Date

*7 CFR 226.15 (e)(2)

(Revised June 2022)

"The Richard B. Russell 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-price 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 Reservations (FDPIR) case number for the participant or other (FDPIR) 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-price meals, and for administration and enforcement of the Program."

USDA Nondiscrimination Statement

In accordance with 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 the USDA Program Discrimination Complaint Online Form (AD-3027) found online at How to file a Complaint, 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: Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW; Washington, D.C. 20250-9410; (2) fax: (833) 256-1665 or (202) 690-7442; or (3) email: program.intake@usda.gov.