20<u>14</u> CHILD AND ADULT CARE FOOD PROGRAM ELIGIBILITY APPLICATION

NAME(S) & ACE(S) OF ENDOLLE	PARTICIDANT				
NAME(S) & AGE(S) OF ENROLLED		(Name)	;; 	(Name)	(Age)
<u>OPTIONAL</u> : RACIAL/ETHNIC IDENTITY OF PARTICE Check one ETHNIC identity:	PANT		Mark one or more RACIAL identity(ies		
[] Hispanic or Latino [] Not Hispanic or	r Latino		[] American Indian or Alaska Native [[] Native Hawaiian or Other Pacific Isla		n American
			•		
Check ($$) each day the above participar	nt is enrolled for care, the	Enrollment In			
. ,		WED ☐ THURS ☐ F	,		
HOURS OF CARE:					
Swing / Rotating Shifts: (If Applicable)					
MEAL TYPES SERVED: BREAKF	FAST A.M. SUPPL	EMENT LUNCH	H P.M. SUPPLEMENT	☐ DINNER	
	CHILD DAY (ARE FOOD PROG	RAM PARTICIPANTS ONI	V	
OPTION 1A: BENEFICIARIES of S					tance for Needy
Families (TANF), or Food Distribu				<i>ps)</i> , remperary	idilector rece,
If you are now receiving SNAP,TANF or I	FDPIR for this child, com	plete one of the following r	numbers:		
SNAP CASE #	OR	TANF CASE #	OR	FDPIR CASE#	
OPTION 1B: FOSTER CHILD					
If you are applying for a foster child, chec	ck the box and list any pe	ersonal income which has t	peen identified by specific category so	uch as clothing, school fee	s, allowances, etc.:
FOSTER CHILD INCOME \$					
	ADULT DAY	CARE FOOD PROG	RAM PARTICIPANTS ON	LY	
OPTION 2: BENEFICIARIES of S	SNAP, FDPIR, SSI or M	ledicaid			
If you are now receiving SNAP, SSI, FDF			ners:		
	•		CASE # OR	MEDICAID CASE #	
OPTION 3: HOUSEHOLD ELIGIBILI	TY - COMPLETE IF YO	OU DID NOT COMPLETE (OPTION 1A, OPTION 1B, OR OPTIC	DN 2	
Complete the following information: Hou					
			Y INCOME (Complete One Or Mo	re - BeforeDeductions)	
NAMES OF ALL OTHER HOUSEHOLD MEMBERS:	MONTHLY (Gross Earnings)	MONTHLY SOCIAL SECURITY	MONTHLY UNEMPLOYMENT WORKMEN'S	MONTHLY WELFARE	MONTHLY ANY OTHER
(Related and Unrelated)	WAGES / SALARY	PENSIONS RETIREMENT	<u>COMPENSATION</u>	CHILD SUPPORT ALIMONY	INCOME
	\$	\$	\$	—— \$	\$
1.	_ \$ \$	\$	\$	¥ \$	\$
2.	\$ \$	\$	\$	\$ \$	
3.	\$ \$	\$	\$	Ψ ¢	\$
4.	_ ⊅ \$	\$	\$ \$	P \$	
5.	\$	\$	\$	Ψ ¢	\$
6.	Ψ	\$	\$ \$	Þ \$	
7.	Ψ	Ψ	Ψ	Φ	Ψ
8.					
9.	Ţ				
		\$	\$	\$	
10. TOTAL NUMBER IN HOUSEHOL		\$	т	\$	
10.	LD (INCLUDE ENROLL	\$	т		
10. TOTAL NUMBER IN HOUSEHOL TOTAL GROSS HOUSEHOLD IN	LD (INCLUDE ENROLL	\$ LED PARTICIPANT):		\$	
10. TOTAL NUMBER IN HOUSEHOL TOTAL GROSS HOUSEHOLD IN	LD (INCLUDE ENROLL ICOME: SIGNATURE and LA	\$ LED PARTICIPANT):	F SOCIAL SECURITY NUMBE	\$ R: (See Privacy Act Statement)	
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Every 2 weeks x 2.15