

# CHILD CARE FOOD PROGRAM FREE AND REDUCED-PRICE MEAL APPLICATION - COMBO

Child's Name: \_\_\_\_\_ Center Name & Address: \_\_\_\_\_

Primary Hours of Care: From: \_\_\_\_\_ To: \_\_\_\_\_ Days of the Week in Care: M T W TH F S S Meals Typically Served While in Care: BR MS LU AS SU ES None

Please read the instructions and accompanying Parent Letter before completing this form. If you need assistance completing this form, call: ( ) \_\_\_\_\_

**STEP 1: Complete the following table for all NEANTS and CHILDREN through age 18 that reside in the household, even if not related. (include child listed at top of form)**

Child's Name (Last Name, First Name)	Date of Birth	Attends this center? (circle)	Foster Child? (circle)	Migrant? (circle)	Homeless/Runaway? (circle)
		Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No

**STEP 2: Do any household members (children or adults) receive Food Assistance Program (FAP/SNAP) or Temporary Assistance for Needy Families (TANF) benefits?**

If NO, go to STEP 3. If YES, enter one of the following case numbers, then go to STEP 5.

FAP/SNAP Case Number: \_\_\_\_\_ or TANF Case Number: \_\_\_\_\_

**STEP 3: Children's Income Information (see reverse side for what types of income to report) (skip this step if you listed a case# in STEP 2)**

Children's Income - sometimes children earn or receive income. Enter the total income received by all children listed in STEP 1, then check how often the income is received.

Children's Income - Total: \$ \_\_\_\_\_ How often received? (check only one):  Weekly  Bi-Weekly  Twice a Month  Monthly  Annually

**STEP 4: Household Income and adult household member information (see reverse side for what types of income to report) (skip this step if you listed a case# in STEP 2)**

Adult Household Members and Income - list all adult household members (age 19 and up) even if they do not receive income. For each adult, list the total gross income (before taxes & deductions) from each source in whole dollars only (no cents) and how often it is received (i.e., weekly, bi-weekly, twice a month, monthly, or annually). For an adult that does not receive income from any source, write "none" or "0." If you enter "none" or "0" or leave any income fields blank, you are certifying that there is no income to report.

Adult Household Member's Name (Last Name, First Name)	Earnings from Work (\$ Amount / How often?)	Public Assistance/Child Support/Alimony (\$ Amount / How often?)	Pensions/Retirement/All Other Income (\$ Amount / How often?)
	\$ _____ / Weekly Bimonthly Monthly / Twice a Month Annually	\$ _____ / Weekly Bimonthly Monthly / Twice a Month Annually	\$ _____ / Weekly Bimonthly Monthly / Twice a Month Annually
	\$ _____ / Weekly Bimonthly Monthly / Twice a Month Annually	\$ _____ / Weekly Bimonthly Monthly / Twice a Month Annually	\$ _____ / Weekly Bimonthly Monthly / Twice a Month Annually

**STEP 5: Contact information and adult signature**

Total Household Members (Add STEP 1 & 4): \_\_\_\_\_ Last four digits of Social Security Number (SSN) of adult household member: \_\_\_\_\_ If no SSN, write "none."

By signing below, I am certifying (promising) that all information on this application is true and that all income is reported. I understand that this information is being given in connection with the receipt of federal funds and that institution officials may verify (check) the information. I am aware that if I purposely give false information, I may be prosecuted under applicable state and federal laws.

Home address (if available): \_\_\_\_\_ Street Address, City, State, Zip Code \_\_\_\_\_ Daytime phone #: ( ) \_\_\_\_\_

Signature of adult household member: \_\_\_\_\_ Printed name: \_\_\_\_\_ Date signed: \_\_\_\_\_

**OPTIONAL: Child's ethnicity and racial identities** We are required to ask for information about your child's ethnicity and race. This information is important and helps make sure that we are fully serving the community. Responding to this section is optional and does not affect your child's eligibility for free or reduced-price meals. Ethnicity (check one):  American Indian or Alaskan Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  Not Hispanic or Latino  Hispanic or Latino  Write \_\_\_\_\_

**FOR CONTRACTOR USE ONLY:**

Race (check one or more):  American Indian or Alaskan Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  Write \_\_\_\_\_

Category Eligibility:  FAP/SNAP or TANF Household  Foster Child  Total Household Size: \_\_\_\_\_ Total Household Income: \$ \_\_\_\_\_

Eligibility Determination:  Free  Reduced-Price  Non-needy  How Often Income is Received (Frequency):  Weekly  Biweekly  Twice a Month  Monthly  Annually

Reason for Non-needy Status:  Income too High  Incomplete Application  Other Reason: \_\_\_\_\_

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Second Party Check Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Florida Department of Health Child Care Food Program Child Participation Form

Name of Child: \_\_\_\_\_ Name of Facility: \_\_\_\_\_

Dear Parent:

Please fill out the following information so that your child may participate in the Child Care Food Program, which reimburses child care providers for serving nutritious, well-balanced meals to children in child care.

Check here and sign/date below if your child does not receive meals while in care

If child care hours are the same every day, please complete this chart.		
Day	Normal Hours in Care	Meals Normally Received While in Care
Mon – Fri	a.m. _____ a.m. _____ p.m. to _____ p.m.	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>

OR

If child care hours are <u>not</u> the same every day, please complete this chart.		
Monday	a.m. _____ a.m. _____ p.m. to _____ p.m.	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Tuesday	a.m. _____ a.m. _____ p.m. to _____ p.m.	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Wednesday	a.m. _____ a.m. _____ p.m. to _____ p.m.	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Thursday	a.m. _____ a.m. _____ p.m. to _____ p.m.	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Friday	a.m. _____ a.m. _____ p.m. to _____ p.m.	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Saturday	a.m. _____ a.m. _____ p.m. to _____ p.m.	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Sunday	a.m. _____ a.m. _____ p.m. to _____ p.m.	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>

Check here and sign/date below if your child has no regularly scheduled hours of care

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_