

# Family Meal Application for the Child and Adult Food Program 2025-2026

<b>Part 1. All Household Members</b>				
<b>Name of Enrolled Child(ren):</b>				
Names of all household members (First, Middle Initial, Last)	CHECK IF A FOSTER CHILD (THE LEGAL RESPONSIBILITY OF A WELFARE AGENCY OR COURT) * IF ALL CHILDREN LISTED BELOW ARE FOSTER CHILDREN, SKIP TO PART 5 TO SIGN THIS FORM.			CHECK IF NO INCOME
<b>Part 2. Benefits:</b> If any member of your household received [State SNAP], [FDPIR], or [State TANF cash assistance], provide the name and case number for the person who receives benefits. <b>If no one receives these benefits, skip to part 3.</b> NAME: _____ CASE NUMBER: _____				
<b>Part 3.</b> If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call [Your School, Homeless Liaison, Migrant Coordinator at Phone #]      Homeless                                  Migrant                                  Runaway				
<b>Part 4. Total Household Gross Income—You must tell us how much and how often</b>				
<b>A. Name</b> (List <b>only</b> household members with income)  <i>(Example)</i> Jane Smith	<b>B. Gross income and how often it was received</b>			
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA benefits	4. All Other Income
	\$200/weekly _____	\$150/twice a month _____	\$100/monthly _____	\$ ____ / ____
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____
<b>Part 5. Signature and Last Four Digits of Social Security Number (Adult must sign)</b> An adult household member must sign this form. <b>If Part 3 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the “I do not have a Social Security Number” box.</b> (See Statement on the back of this page.)  <p><i>I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.</i></p>				
Sign here: _____		Print name: _____		
Date: _____				
Address: _____		Phone Number: _____		
City: _____		State: _____		Zip Code: _____
Last four digits of Social Security Number:   * * * - * * -         I do not have a Social Security Number				

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<b>Part 6. Participant's ethnic and racial identities (optional)</b>	
Mark one ethnic identity:	Mark one or more racial identities:
Hispanic or Latino Not Hispanic or Latino	Asian White Black or African American Indian or Alaska Native Native Hawaiian or Other Pacific Islander
<b>Don't fill out this part. This is for official use only.</b>	
Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12	
Total Income: _____ Per:    Week,    Every 2 Weeks,    Twice A Month,    Month,    Year    Household size: _____	
Categorical Eligibility: ____ Date Withdrawn: _____ Eligibility: Free    Reduced    Denied    Tier I ____    Tier II ____	
Reason: _____	
Temporary: Free ____ Reduced ____ Time Period: _____ (expires after ____ days)	
Determining Official's Signature: <u>Marneshia Cathey, Director</u> Date: _____	
Confirming Official's Signature: _____ Date: _____	
Follow-up Official's Signature: _____ Date: _____	

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 Social Security Number is 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.

**Non-discrimination Statement:** This explains what to do if you believe you have been treated unfairly. "In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."